

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1 {York Stenographic Services, Inc.}

2 RPTS BURDETTE

3 HIF322.020

4 UPDATE ON THE U.S. PUBLIC HEALTH RESPONSE TO THE EBOLA

5 OUTBREAK

6 TUESDAY, NOVEMBER 18, 2014

7 House of Representatives,

8 Subcommittee on Oversight and Investigations

9 Committee on Energy and Commerce

10 Washington, D.C.

11 The subcommittee met, pursuant to call, at 1:38 p.m., in
12 Room 2123 of the Rayburn House Office Building, Hon. Tim
13 Murphy [Chairman of the Subcommittee] presiding.

14 Members present: Representatives Murphy, Burgess,
15 Blackburn, Scalise, Harper, Olson, Gardner, Griffith,
16 Johnson, Long, Ellmers, Terry, Barton (ex officio), DeGette,

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

17 Braley, Lujan, Castor, Tonko, Yarmuth, Green, and Waxman (ex
18 officio).

19 Staff present: Sean Bonyun, Communications Director;
20 Leighton Brown, Press Assistant; Noelle Clemente, Press
21 Secretary; Brenda Destro, Professional Staff Member, Health;
22 Brad Grantz, Policy Coordinator, Oversight and
23 Investigations; Brittany Havens, Legislative Clerk; Sean
24 Hayes, Deputy Chief Counsel, Oversight and Investigations;
25 Charles Ingebretson, Chief Counsel, Oversight and
26 Investigations; Carly McWilliams, Professional Staff Member,
27 Health; Emily Newman, Counsel, Oversight; Alan Slobodin,
28 Deputy Chief Counsel, Oversight; Tom, Wilbur, Digital Media
29 Advisor; Peter Bodner, Democratic Counsel; Brian Cohen,
30 Democratic Staff Director, Oversight and Investigations, and
31 Senior Policy Advisor; Lisa Goldman, Democratic Counsel; Amy
32 Hall, Democratic Senior Professional Staff Member; Elizabeth
33 Letter, Democratic Professional Staff Member; and Nicholas
34 Richter, Democratic Assistant Staffer.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

|

35 Mr. {Murphy.} Good morning. Today we convene our
36 hearing on the Update on the U.S. Public Health Response to
37 the Ebola Outbreak, from the Subcommittee on Oversight and
38 Investigations.

39 I will begin with a 5-minute opening statement.

40 Yesterday, Dr. Frieden, you shared with me a well-known
41 quotation worth repeating: ``Life can only be understood
42 backwards, but it must be lived forward.'' Today, we will
43 review the lessons learned so far from the Ebola epidemic in
44 West Africa and the plan to move forward as the
45 Administration asks taxpayers for \$6.2 billion in new
46 spending to fight this deadly outbreak.

47 So I want to see a plan that is simple and direct.
48 Number one, prevent Americans from contracting Ebola; two,
49 treat those who contract Ebola effectively; and three, stop
50 the spread of Ebola at its source in West Africa. On the
51 side of Ebola, however, its goal is to spread, kill, mutate
52 and repeat. There is no cure or vaccine so we have to work
53 together to break the chain.

54 The steps we must take begin with erecting a strong

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

55 perimeter of defense. That is why I outlined 10
56 recommendations at our last hearing which included a ban on
57 non-essential commercial travel; a 21-day quarantine or
58 isolation for those who have had hands-on treatment of an
59 Ebola patient; upgrades and training for personal protective
60 equipment; designating specific Ebola-ready medical centers;
61 accelerate development of promising vaccines, drugs, and
62 diagnostic tests; additional aircraft and vehicles capable of
63 transporting American medical and military personnel who may
64 have contracted Ebola back here for treatment; additional
65 contact tracing and testing resources for public health
66 agencies; and information for Congress regarding any
67 resources needed.

68 Some of these measures have been implemented, and others
69 are still needing to occur.

70 Our role here is to all work together to help define the
71 mission and ensure the policies put forth are straightforward
72 and flexible to accommodate the ever-changing nature of this
73 Ebola outbreak. Like Occam's Razor, the best solution is the
74 simplest one with the fewest assumptions.

75 As we have seen, missteps are caused by ignorance and

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

76 arrogance. They are corrected by knowledge, humility and
77 honesty. Let us consider some of the false assumptions the
78 Federal Government's response has been based upon. Any
79 hospital could treat an Ebola patient. A negative Ebola test
80 result means a patient doesn't have Ebola, but just this
81 week, a physician from Sierra Leone died after being flown to
82 Nebraska for emergency treatment after initial tests showed a
83 negative result for the virus. His colleagues are now in
84 quarantine, causing even greater anxiety in a medical
85 profession that has already lost more than 500 to Ebola.
86 Hospitals and health care workers would have some proper
87 guidance on personal protective equipment. Self-isolation
88 and quarantine orders aren't necessary, it was said. CDC
89 guidelines do not require a three week self-isolation period
90 for healthcare professionals who have been treating Ebola
91 patients in West Africa. It was said that these volunteers
92 can return to work immediately. But the hospitals I talked
93 to did not agree. I asked an ER doctor from my district
94 about whether any of his colleagues volunteering in West
95 Africa could come back to work immediately. He had a simple
96 response, and quoting him, he said, ``They should stay

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

97 away. ''

98 The Administration continues to oppose travel
99 restrictions and quarantines, yet respected institutions have
100 such policies to ensure public health is protected. The
101 Department of Defense has a quarantine policy as well as many
102 local hospitals and medical institutions throughout the U.S.
103 It is impossible for the American people to understand why
104 the government would have one standard for the military and
105 yet another standard for people who may have been in the
106 same, or possibly more perilous circumstances.

107 Consider the cost of the Administration's position.
108 Senator Schumer has asked the Federal Government to reimburse
109 New York \$20 million for the costs associated with the 500
110 healthcare workers it took to prevent an outbreak in New York
111 City because of the case of Dr. Craig Spencer. Now, the
112 taxpayers have every right to ask: Wouldn't it have been
113 more cost effective for the Administration to instead require
114 all returning healthcare workers to adhere to a 21-day
115 isolation policy?

116 We all need honesty and humility today. The American
117 public is fine with a doctor who says, this is our plan based

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

118 on what we know today, but as the facts change, they most
119 assuredly--as they most assuredly will, then we have to
120 change our approaches. A patient and the public expect that.

121 Now, Anthony Fauci of the NIH has said we should not
122 look at the what ifs. I categorically disagree. That is
123 exactly what we need to do, what Congress needs to do, and
124 everybody involved with this needs to do. What if the
125 outbreak migrates to other countries? What if the outbreak
126 extends to other continents? And if we get new information
127 that says a change in policy is needed, tell us what you have
128 learned and why a change is required.

129 As one example, we have set up screening protocols at
130 five different airports to accept passengers from West
131 Africa. Is this complex approach the easiest and safest way
132 to deal with an Ebola threat? Are we hoping that we will be
133 lucky enough to catch each potential carrier? Can we track
134 the hundreds or perhaps thousands who might otherwise have
135 been exposed if we have 5 U.S. arrival points, countless
136 potential destinations, and numerous connections through
137 Europe? With a disease that has no margin of error like
138 Ebola, I would rather be good than lucky.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

139 We need to consider whether there should be a simpler
140 approach of one arrival point that would allow us to easily
141 track those returning aid workers and government
142 professionals coming from West Africa. The Administration
143 must also review whether government charter flights are
144 needed to help get aid workers to West Africa since many
145 commercial airlines have ceased traveling there, and they
146 also have concerns about shipping supplies to Africa.

147 I would like to ask the Administration's Ebola czar, Ron
148 Klain, about this issue, but when we asked for him to appear
149 before our subcommittee, we were told that he ``wasn't
150 ready.'' Another congressional committee made a similar
151 request, and I understand they were told that the White House
152 Ebola response coordinator had ``no operational
153 responsibility.'' But for very few press interviews, this
154 individual seems to be missing-in-action. No wonder the
155 American people have concerns with the Administration's
156 response planning. We want to clear that up today, and we
157 have good panels to do that.

158 The public is given plans that keep changing from
159 agencies that sometimes feel paralyzed, led by a czar who

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

160 isn't ready against a disease that is killing more every day.
161 Well, we stand ready to work with the Administration to keep
162 the American people safe from the Ebola outbreak. I welcome
163 all the witnesses and look forward to learning more about the
164 latest public health actions on Ebola, and more details about
165 the emergency funding request.

166 [The prepared statement of Mr. Murphy follows:]

167 ***** COMMITTEE INSERT *****

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

|

168 Mr. {Murphy.} I now turn towards Ms. Castor for 5
169 minutes for an opening statement.

170 Ms. {Castor.} Chairman Murphy, thank you very much for
171 holding today's hearing, the second that we have had on the
172 Ebola outbreak. And at our hearing last month, Americans
173 were rightfully concerned about the news they were hearing.
174 It was just weeks after Thomas Duncan arrived at Texas
175 Presbyterian with Ebola, and just days after two nurses who
176 had been treated--who were--who had treated him had become
177 infected. In response to these cases, the CDC updated their
178 protocols for treatment of Ebola patients, and issued travel
179 guidelines for those who had treated or been exposed to
180 Ebola.

181 Our hearing back then was held just 3 weeks before the
182 election, and it seemed that much of the discussion of
183 quarantines and travel bans reflected political concerns,
184 instead of the advice of public health experts. But today,
185 when we look at where things stand with regard to domestic
186 preparedness, we are in a much better place. No cases of
187 Ebola have been transmitted to any member of the general

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

188 public in the United States. With new procedures in place,
189 and with the exception of Dr. Craig Spencer in New York, no
190 individual has knowingly entered the U.S. while infected with
191 Ebola. Airport screening and new CDC monitoring guidelines
192 implemented by state and local public health departments are
193 in place, and we have successfully treated 8 Ebola patients
194 that have entered U.S. hospitals.

195 I want to give credit to these hospitals and healthcare
196 professionals that have treated these patients. The
197 professionals at Emory University, the NIH, the University of
198 Nebraska Medical Center, Bellevue and Texas Presbyterian.
199 Their readiness has made a huge difference. And I want to
200 welcome Dr. Gold from the University of Nebraska and thank
201 him for sharing his expertise today.

202 Unfortunately, the news from West Africa is not as good.
203 While case counts in Liberia have slowed, there continue to
204 be rapid increases in the number of Ebola cases in Sierra
205 Leone and Guinea, and officials are now concerned about the
206 appearance of Ebola in Mali. And that, Mr. Chairman, is why
207 we need to continue to focus on the U.S. response in West
208 Africa. It is a credit to our country that we are leading

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

209 the effort to end the epidemic in West Africa, and the early
210 results from Liberia indicate that our efforts and the
211 efforts of our partner countries can make a real difference,
212 but there is still much work to do.

213 I want to acknowledge all of the medical professionals
214 who are doing that work, and in particular, say a few words
215 about Dr. Martin Salia. We learned yesterday that Dr. Salia,
216 who had been flown to Nebraska for treatment after developing
217 Ebola while working in Sierra Leone, died from the disease.
218 We send our condolences to his family, and acknowledge his
219 bravery and selflessness in helping fight this disease.

220 West Africa is balanced on the edge, and if our efforts
221 and the efforts of the World Health Organization are not
222 successful, millions of people in these countries facing a
223 looming humanitarian crisis will continue to suffer. And I
224 am glad that Mr. Isaacs from Samaritan's Purse is here to
225 give the perspective of the international aid community on
226 the West African outbreak.

227 Mr. Isaacs, your group and other groups like yours are
228 doing difficult but critical work, and you deserve support.
229 We are now in a much better position to addresses cases of

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

230 Ebola that appear in the United States than we were a few
231 months ago. And I appreciate Dr. Frieden, Dr. Lushniak, Dr.
232 Lurie, Dr. Lakey for joining us today to share lessons
233 learned, and tell us how we can continue to improve and move
234 forward. And I am also looking forward to the perspective of
235 our witnesses on the Administration's supplemental Ebola
236 budget request. It is critical that Congress support this
237 appropriations request. It would support domestic
238 preparedness, help fortify 50 Ebola treatment centers
239 nationwide, it would support the development of treatments
240 and vaccines for Ebola, and it would support USAID and the
241 U.S. Military in their critical efforts to eliminate Ebola in
242 West Africa.

243 Mr. Chairman, I suspect that in the year to come, we
244 will have our share of discussions over the budget, but I
245 know we all support the goal--the goals of the President's
246 Ebola Outbreak Plan to combat it, and I hope we can move
247 quickly to provide the requested appropriations.

248 Thank you, and I yield back.

249 [The prepared statement of Ms. Castor follows:]

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

250 ***** COMMITTEE INSERT *****

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

|

251 Mr. {Murphy.} The gentlelady yields back.

252 Now recognize the vice chair of the full committee, Mrs.

253 Blackburn, for 5 minutes.

254 Mrs. {Blackburn.} Thank you, Mr. Chairman. I

255 appreciate the hearing, and I want to say welcome to all of

256 our witnesses. We appreciate your time.

257 I think we have to realize, with the nearly 15,000 cases

258 and over 5,000 deaths, that this Ebola epidemic is the worse

259 since the discovery of the virus in '76. And you need to

260 look at what the precedent is there; 2,400 cases--known cases

261 of Ebola prior to this outbreak. So we know that this is

262 something that is going to be difficult and take some time to

263 deal with, and we appreciate your efforts on that part.

264 And there is a little bit of good news coming out of

265 Liberia. There is also kind of a mixed bag of news that is

266 coming out of the region, and it all lends us to--leads us to

267 look at the magnitude of the situation in front of us, as

268 well as the human-to-human transmission of the virus which

269 has drawn attention to the need to be better prepared to keep

270 Americans safe, and that is our goal. You know, most

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

271 Americans believe it is the job of ASPR and the job the CDC
272 to keep Americans safe from infection disease, and that all
273 efforts need to be on the table when it comes to keeping
274 Americans safe. Don't take anything off the table.

275 The Chairman mentioned some of those suggestions that
276 were made at the last hearing. Indeed, yesterday I was at
277 Fort Campbell with some of my troops who are over there now
278 trying to build the hospitals, and are training their medical
279 personnel. And I think it is of concern to us if the
280 Administration has been opposed to travel bans and to
281 quarantines; items that we think might work. Even the
282 Institute of Medicine recently held a workshop where
283 researchers raised a number of questions about the
284 characteristics of the Ebola virus. They concluded, and I am
285 quoting, ``many of the current risk quarantine policies and
286 public health mitigation methods could be better informed and
287 more effective if the means and potential routes for
288 transmission were more thoroughly characterized. Until we
289 know more about the nature of the deadly virus, it seems
290 prudent to keep all commonsense measures on the table.''

291 And with that, I yield to Dr. Burgess.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

292 [The prepared statement of Mrs. Blackburn follows:]

293 ***** COMMITTEE INSERT *****

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

|

294 Dr. {Burgess.} I thank the gentlelady for yielding. I
295 thank our witnesses for being here today. Dr. Lakey, good to
296 see you again.

297 This epidemic will surely go down in history as one of
298 the most serious public health--from a global perspective,
299 one of the most serious public health crises of the last 100
300 years.

301 At our last hearing, we had a great deal to discuss, and
302 certainly many of the brave pronouncements from the middle of
303 September were found to be non-operational by the middle of
304 October, and there were failures in dealing with this crisis.
305 Certainly, communication was lacking. Systems and protocols
306 broke down, and provisions that we all thought were readily
307 at hand were never in place to begin with. I hope we know
308 better than to let this happen again. This summer's
309 emergency, to me, emphasized one thing, and that is have a
310 lot of humility when you are dealing with this virus because
311 it is difficult to predict.

312 As a physician, one of my biggest concerns since July
313 has been the safety and the protection of healthcare workers.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

314 I want to thank the CDC for always being responsive to my
315 telephone calls over the last several months, and the various
316 conference calls that we had over the summer were helpful.
317 And I have to tell you something, until you have this damn
318 thing in your backyard, it is just hard to estimate how it is
319 going to affect daily life on so many levels. Sure, we had a
320 hospital that was hurt by the crisis. We are probably lucky
321 we didn't have more than one that was hurt. Trash
322 collection, sewer treatment, school districts, every one down
323 the line was affected by having this virus in our area.

324 So we do have to take great care and closely follow the
325 epidemic in Western Africa. It is important that that be
326 brought under control. I also have to tell you I am grateful
327 for the services of the hospitals that have handled the known
328 Ebola patients, but I am much more worried about that unknown
329 patient who could walk through an emergency room door at 3
330 o'clock tomorrow morning, unknown to anyone, unannounced, and
331 provide the same set of circumstances that we have already
332 been through. I am not sure we have learned entirely the
333 lessons.

334 Thank you, Mr. Chairman. I will yield back.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

335 [The prepared statement of Dr. Burgess follows:]

336 ***** COMMITTEE INSERT *****

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

|

337 Mr. {Murphy.} Gentleman yields back.

338 Now recognize the ranking member of the full committee,

339 Mr. Waxman, for 5 minutes.

340 Mr. {Waxman.} Thank you, Mr. Chairman. I am please you

341 are holding this hearing. This is a very important topic,

342 and it is appropriate for Congress to learn about it because

343 the American people want to know what is happening and want

344 some answers. But I picked up a couple of comments from the

345 other side about having humility, learning from what has

346 happened, and hope we know better because of what we have

347 learned. When we last had a hearing in October, there was a

348 pronounced disconnect between what the public health experts

349 were telling the committee, and the rhetoric of some of the

350 committee members. Some members called for quarantines and

351 travel bans that experts had determined would be harmful.

352 Some claim that the Administration's protocols for screening

353 and tracking travelers wouldn't work. Some even insinuated

354 that immigrants with Ebola would soon be crossing the

355 southern border, or that Ebola had mutated and become

356 transmissible by air. This is hysterical. Rhetoric

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

357 certainly induces a great deal of fear.

358 But, Mr. Chairman, none of these things were true.

359 After two cases were transmitted in Texas, the Centers for
360 Disease Control acted quickly and decisively to acknowledge
361 the gaps and revise protocols. It has learned from its
362 experiences. It has now been 33 days since our last Ebola
363 hearing, and since then, not one case of Ebola has been
364 transmitted in the United States. Only one traveler since
365 then, Dr. Craig Spencer, has unknowingly brought a case of
366 Ebola into the country, and it appears that our healthcare
367 system responded effectively. Dr. Spencer knew how to
368 immediately report his symptoms, was quickly isolated, and
369 safely transported to a hospital equipped to treat a patient
370 with Ebola, and his close contacts were monitored.

371 The health expert told--experts told us that our public
372 health measures could protect the public from Ebola, and it
373 turns out, Mr. Chairman, they were right.

374 So it is good that we have a chance today to be a
375 little--show some humility and acknowledge that the fears
376 that were expressed openly in this hearing at our last
377 hearing were not justified. As I said in that first hearing,

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

378 we should have a sense of urgency about the epidemic in
379 Africa. There is a lot of work to be done to stop the
380 ongoing humanitarian crisis there, and we should view the
381 appearance of Ebola cases in the United States as a wakeup
382 call about the need for us to invest in public health
383 preparedness at the federal, state and local levels.

384 President Obama is trying to address these challenges,
385 and we should support those efforts, because if we don't stop
386 Ebola in Africa, it could travel to other places, it could
387 spread, so we have to control the epidemic where it is
388 happening.

389 On November 5, the President submitted a \$6.2 billion
390 emergency supplemental funding request to Congress to improve
391 domestic and global health capacities in 3 critical areas;
392 containment and treatment in West Africa; enhanced
393 prevention, detection and response to Ebola entering the
394 U.S.; and buttressing the U.S. public health system to
395 respond rapidly and flexibly to all hazards in the future.
396 It is critical, Mr. Chairman, that Congress support this
397 request.

398 There is ample precedent for an emergency public health

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

399 supplemental appropriation of this magnitude. In November
400 2005, the Bush Administration requested \$7.1 billion in
401 emergency supplemental funding to speed up the development of
402 a vaccine, and fund state, local and federal preparedness.
403 Ultimately, a bipartisan Congress provided President Bush
404 with over \$6 billion of this funding. In 2009, Congress
405 provided the Obama Administration with nearly \$7 billion in
406 emergency spending authority to combat H1N1 influenza virus.
407 Congress did the right thing by making those events--
408 investments. They saved lives, they enhanced our
409 preparedness, and the Congress should do the right thing now.

410 Thank you, Mr. Chairman. Yield back the balance of my
411 time.

412 [The prepared statement of Mr. Waxman follows:]

413 ***** COMMITTEE INSERT *****

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

|

414 Mr. {Murphy.} The gentleman yields back.

415 I would now like to introduce the distinguished panel
416 for today's hearing, for the first panel.

417 We are joined by Dr. Thomas Frieden, the Director of the
418 Centers for Disease Control and Prevention; the Honorable
419 Nicole Lurie, the Assistant Secretary for Preparedness and
420 Response at the U.S. Department of Health and Human Services;
421 Rear Admiral Boris Lushniak, the Acting United States Surgeon
422 General, who also oversees the operations of the United
423 States Public Health Service Commissioned Corps, comprised of
424 approximately 6,000 uniformed health officers.

425 I will now swear in the witnesses.

426 You are aware that the committee is holding an
427 investigative hearing, and when doing so, has had the
428 practice of taking testimony under oath. Do you have any
429 objections to testifying under oath? All the witnesses say
430 they do not. The chair then advises you that under the rules
431 of the House and the rules of the committee, you are entitled
432 to be advised by counsel. Do you desire to be advised by
433 counsel during your testimony today? All the panelists

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

434 waives that. In that case, if you will all please rise and
435 raise your right hand, I will swear you in.

436 [Witnesses sworn]

437 Mr. {Murphy.} Thank you. All the panels have answered
438 in the affirmative. So you are under oath and subject to the
439 penalties set forth in Title XVIII, section 1001 of the
440 United States Code. You may now each give a 5-minute summary
441 of your written statement. We will start with you, Dr.
442 Frieden.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

|

443 ^TESTIMONY OF DR. THOMAS R. FRIEDEN, DIRECTOR, CENTERS FOR
444 DISEASE CONTROL AND PREVENTION; DR. NICOLE LURIE, ASSISTANT
445 SECRETARY, PREPAREDNESS AND RESPONSE, U.S. DEPARTMENT OF
446 HEALTH AND HUMAN SERVICES; AND REAR ADMIRAL BORIS LUSHNIAK,
447 M.D., ACTING SURGEON GENERAL, U.S. DEPARTMENT OF HEALTH AND
448 HUMAN SERVICES

|

449 ^TESTIMONY OF THOMAS R. FRIEDEN

450 } Dr. {Frieden.} Thank you very much, Chairman Murphy,
451 Congresswoman Castor, Full Committee Ranking Member Waxman,
452 and the other members of the committee. We appreciate the
453 opportunity to come before you today and discuss what has
454 happened in the past month since the last hearing.

455 In the basics of Ebola, we continue to see the pattern
456 that we have seen over the past 4 decades. In fact, in the
457 more than 400 contacts that we have traced in the U.S., we
458 have not seen spread outside of that one incident in Dallas
459 in the healthcare setting, among more than 2,000 travelers
460 who have been monitored since arriving from West Africa. We

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

461 have seen a series with fevers but none with Ebola.

462 So nothing changes the experience that we have to date
463 that Ebola spreads from someone who is sick, and it spreads
464 through either unsafe caregiving in the home or healthcare
465 facility, or in Africa, unsafe burial practices.

466 Emergency funding is absolutely critical to protect
467 Americans. It is critical to stop the outbreak at the source
468 in Africa, and to strengthen our protections here at home.
469 Globally, in each of the three epicenter countries we have
470 seen rapid change, and flexibility is absolutely key to the
471 response. In Liberia, we have seen promising developments in
472 recent weeks, with some decrease in numbers, but still the
473 number of new cases each week is in the many hundreds, and
474 our ability to stop it is very challenging because it is now
475 present in at least 13 of the 15 counties of Liberia, and our
476 staff are now responding to as many as one new cluster or
477 outbreak per day, compared over the past 4 decades with one
478 cluster or outbreak per every year or two. It is going to
479 require a very intensive effort to trace each one of those
480 chains of transmission and stop it so that we can end Ebola.

481 In Sierra Leone, we are still seeing areas with

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

482 widespread transmission, although some of the areas that have
483 implemented the strategies we recommend have seen significant
484 decreases as well. Guinea, in some ways, is the most
485 interesting or concerning or instructive to look at because
486 it shows what might happen in the future if we have progress
487 in the first 2 countries. There is a challenge to trace each
488 outbreak, each case, to reach each community and end the
489 chains of transmission. That is why the emergency funding
490 request outlines a comprehensive approach that is simple,
491 straightforward and focused, and approaches things by
492 prevention, detection, response, 3 main categories. In West
493 Africa, that prevention involves quarantine and screening,
494 involves infection control and hospitals and burials, it
495 involves detection so that we find outbreaks promptly, and
496 strengthen surveillance and strengthen the ability of
497 healthcare facilities and public health workers there to stop
498 chains of transmission, and response through core public
499 health functions of contact tracing, training, infection
500 control, public health education and outreach, and the use of
501 rapid response teams.

502 Globally, we are also seeing new threats with the

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

503 cluster of cases in Mali. CDC has surged. We have 12 staff
504 on the ground today in Mali. We were there before their
505 first case, and they are now tracing more than 400 contacts,
506 and we are helping them to do that and to test any who may
507 have symptoms that could be Ebola. We also are aware that
508 with the end of the rainy season, other parts of West Africa
509 may experience an increase in travelers from the affected
510 countries, and may be at increased risk. The metaphor of a
511 forest fire holds here, with the center burning still
512 strongly, with a series of brushfires around the region, and
513 with sparks that have the potential of igniting new sources
514 and new challenges in the struggle against Ebola.

515 Globally, the funding request also addresses the global
516 health security aspect so that we can, with an emergency
517 focus, stop the kind of vulnerabilities that keep other
518 countries vulnerable and us vulnerable. Most of that, about
519 3/4 of the CDC component of that request, is to strengthen
520 the warning systems; detection, laboratory networks, and
521 others. There are also funds to respond rapidly and to
522 prevent wherever possible.

523 For the part of the funding request that covers the

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

524 U.S., we have made progress. We are doing that through a
525 series of levels, but each of those is going to require
526 significant investments. Stopping it at the source in
527 Africa, screening all travelers when they leave Africa,
528 screening travelers when they arrive to the U.S., tracing
529 each traveler for 21 days after they arrive here in all of
530 the 50 states. The states have really stepped up and are
531 doing an excellent job of that, with CDC support and
532 guidance, with excellent participation from Customs and
533 Border Protection, which is now providing electronically-
534 collected data in just a question of hours to the states. We
535 are seeing most states reaching 100 percent of travelers
536 regularly, according to the information that they are
537 reporting to us. So this is a relatively new program, but it
538 is going smoothly. It is, however, working on borrowed
539 dollars, and we will need funding from the emergency funding
540 request to support this and other key measures of prevention,
541 detection and response within the U.S., public health
542 systems, hospitals, laboratory networks, active monitoring
543 and more.

544 Finally, I would emphasize that intensive public health

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

545 action can stop Ebola. In Nigeria, they were able to surge
546 and stop a cluster from spreading. Mali is now in the
547 balance of whether it becomes the next Nigeria, having
548 successfully contained a cluster, or the next Liberia or
549 Sierra Leone, with widespread transmission. This is a real
550 warning that we must not let down our guard. The shifts and
551 the changes in the epidemiology in Africa are just an
552 emphasis of the need for a rapid and effective response, and
553 emphasized that the only way to protect us in the U.S. is to
554 stop it at the source, and to build the systems both in
555 Africa and in the U.S. that will find, stop and prevent Ebola
556 and other infectious disease threats.

557 Thank you very much.

558 [The prepared statement of Dr. Frieden follows:]

559 ***** INSERT 1 *****

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

|

560 Mr. {Murphy.} Thank you.

561 Dr. Lurie, you are recognized for 5 minutes.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

|

562 ^TESTIMONY OF DR. NICOLE LURIE

563 } Dr. {Lurie.} All right, good afternoon, Chairman
564 Murphy, Member Castor, and other members of the committee.

565 I am Dr. Nicole Lurie, the Assistant Secretary for
566 Preparedness Response, or ASPR, at HHS. I appreciate the
567 opportunity to talk to you today about actions that ASPR has
568 taken to enhance our national preparedness and strengthen our
569 resilience to public health threats.

570 While it is essential that we continue to focus on
571 controlling the Ebola outbreak in West Africa, we also have a
572 critical responsibility to protect our country from this
573 disease. Today I will highlight three areas in which ASPR's
574 work is critical to our domestic response.

575 First, the Biomedical Advance Research and Development
576 Authority, or BARDA. Building on its previous successes in
577 medical countermeasure development is speeding the
578 development, testing and manufacture of Ebola vaccines and
579 treatments. Second, the Hospital Preparedness Program has,
580 since the beginning of this outbreak, been preparing

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

581 hospitals and first responders to recognize and treat
582 patients with suspected Ebola. And, third, our federal
583 resources and responders, whether the National Disaster
584 Medical System, the Medical Reserve Corps, other public
585 health service, stand ready to support a comprehensive
586 response should it be needed in the coming months.

587 BARDA, in coordination with other medical countermeasure
588 partners, has a great track record in expanding the medical
589 countermeasures pipeline, and building needed infrastructure
590 to do so. In addition to developing and procuring 12
591 products since Project Bioshield's inception over a decade
592 ago, BARDA's Centers for Innovation in Advanced Development
593 and Manufacturing, and its Fill and Finish Manufacturing
594 Network, are being used to produce, formulate and fill
595 vaccines and treatments for Ebola.

596 Complementing our success and medical countermeasure
597 development, ASPR has made great strides in U.S. healthcare
598 system preparedness. HPP, or Hospital Preparedness Program,
599 investments have fostered an increased level of preparedness
600 throughout communities in this country, decreased reliance on
601 federal aid following disasters. In the last several years,

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

602 HPP awardees have demonstrated their ability to respond to
603 and quickly recover from disasters, including tornadoes,
604 floods, hurricanes, and fungal meningitis from contaminated
605 steroids.

606 Through HPP, ASPR is actively engaged in Ebola
607 preparedness by developing and disseminating information,
608 guidance and checklists, and serving and a clearinghouse for
609 lessons learned. Together with CDC, we have launched an
610 aggressive outreach and education campaign that has now
611 reached well over 360,000 people through webinars and and
612 national calls, including with public health officials,
613 hospital executives, frontline healthcare workers and others
614 across the U.S. My office, along with the CDC, continues to
615 recruit hospitals willing and able to provide definitive care
616 to patients with Ebola in the United States. Concurrently,
617 we are working with personal protective equipment
618 manufacturers to coordinate supply and distribution, and are
619 working with HPP-funded healthcare coalitions to
620 collaboratively assess needs and share supplies across
621 communities.

622 The likelihood of a significant Ebola outbreak in the

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

623 United States is quite small, but ASPR, HHS and our
624 interagency partners are, as you know, part of coordinated,
625 whole-of-government response, a response that extends on the
626 one hand to West Africa, and on the other, through state and
627 local governments, to hospitals and communities throughout
628 the United States. As is typical for other emergencies and
629 disasters, ASPR is responsible for public health and medical
630 services, and coordinates federal assistance to supplement
631 state, local, territorial and tribal resources, and response
632 to public health and medical care needs during emergencies.

633 I would like to close with an overview of the recent
634 emergency funding request from the Administration that
635 includes \$2.43 billion for HHS.

636 ASPR's request supports two major components; BARDA's
637 product development efforts, and HPP's preparedness
638 initiatives. Specifically, funding will support development
639 of an Ebola vaccine and therapeutic candidates, clinical
640 trials and commercial-scale manufacturing. Funding will
641 ensure that communities will be able to purchase additional
642 personal protective equipment, that healthcare workers will
643 receive additional training, and patient detection, isolation

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

644 and infection control, and that we further build our
645 preparedness for the future by ensuring that all states have
646 facilities that can handle an infectious disease as serious
647 as Ebola.

648 Mr. Chairman and members of the committee, the top
649 priority of my office is protecting the health of Americans.
650 I can assure you that my team, the department, and our
651 partners have been working and continue to work to ensure our
652 Nation is prepared to respond to threats like Ebola.

653 I thank you for this opportunity to address these
654 issues, and welcome your questions.

655 [The prepared statement of Dr. Lurie follows:]

656 ***** INSERT 2 *****

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

|

657 Mr. {Murphy.} Thank you.

658 Now, Dr. Lushniak, you are recognized for 5 minutes.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

|

659 ^TESTIMONY OF DR. BORIS LUSHNIAK

660 } Dr. {Lushniak.} Great. Thank you so much for this
661 opportunity, Chairman Murphy, Member Castor, members of the
662 Oversight and Investigations Subcommittee, and thanks again
663 for having us here to testify about the U.S. Public Health
664 Service Commission Corps and its role in responding to the
665 Ebola outbreak in West Africa.

666 I am here to provide information to you about what the
667 Office of the Surgeon General, and specifically the United
668 States Public Health Service Commission Corps, has
669 contributed to this U.S. Government-wide effort to stop the
670 spread of Ebola virus disease, in essence where it began, in
671 West Africa.

672 The Commission Corps of the U.S. Public Health Service
673 is made up of 6,700 uniformed officers. They are assigned to
674 26 different departments and agencies of the Federal
675 Government, serving in 800 locations worldwide. I am very
676 proud of this group of officers. They are highly trained,
677 mobile, medical and public health professionals, operating

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

678 under the departmental leadership of the Secretary of Health
679 and Human Services, and the day-to-day oversight of the
680 Surgeon General and the Assistant Secretary for Health.

681 The Commission Corps is one of the seven uniformed
682 services of our Nation. The only uniformed service of its
683 kind in the world. It is an unarmed, uniformed service
684 dedicated to a public health mission, and to medical care for
685 underserved and vulnerable populations. The mission of the
686 Corps is to protect, promote and advance the health and
687 safety of the Nation.

688 For 125 years, this is an anniversary year for us, Corps
689 officers have been the Government's dependable resource for
690 health expertise and public health emergency services,
691 working closely with the ASPR in times of war in the past,
692 and other national or international emergencies. Corps
693 officers, like officers in other of our sister services, can
694 be deployed at a moment's notice anywhere in the world to
695 meet the needs of the President, the HHS, to address needs
696 related to the wellbeing, security and defense of the United
697 States.

698 We have had a long history of doing this; protecting the

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

699 health and safety of the Nation by addressing infectious
700 disease overseas. Smallpox, as an example, polio, now Ebola.
701 To ensure that we can meet the mandate to respond rapidly to
702 urgent or emergency public healthcare needs around the globe,
703 the Corps has established a tiered response system composed
704 of 41 different general, as well as specialty response teams.
705 We have deployed in the past to events ranging from terrorist
706 events; 9/11, the Boston bombings, anthrax, natural
707 disasters, hurricanes, Katrina, Rita, Wilma and Sandy,
708 humanitarian assistance in Haiti, Indian Ocean tsunami,
709 reconstruction stabilization in Iraq and Afghanistan, public
710 health crisis, H1N1, suicide clusters on Indian reservations,
711 to hospital infrastructure rescue in the Mariana Islands.
712 Over the past 10 years, the Corps has undertaken over 15,000
713 officer deployments in support of nearly 500 distinct
714 missions and events. Corps officers now are currently
715 operating in both the United States and in West Africa in
716 clinical, epidemiological, education, management, liaison
717 roles, supporting the health--Department of Health and Human
718 Services, as well as working under the auspices of the
719 Centers for Disease Control and Prevention. We have 900

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

720 officers stationed with the CDC.

721 One critical element of the Department's plan for
722 combating the Ebola outbreak targets the ongoing need for
723 healthcare personnel in the Ebola-affected countries. United
724 Nations estimated that 1,000 international healthcare workers
725 would be needed on the ground in West Africa to bring the
726 outbreak to an end. There is a wide consensus that in order
727 to create conditions that will encourage both West African
728 and international healthcare workers to contribute, yes,
729 their time and skill to contain and ultimately end the Ebola
730 outbreak, it is essential to establish a dedicated facility
731 to provide high-level care for those healthcare workers
732 should they become infected with the virus. In support of
733 this objective, the Corps has deployed trained clinicians,
734 physicians, nurses, behavioral health specialists, infection
735 control officers, pharmacists, laboratory workers,
736 administrative management personnel, to Liberia to staff the
737 Monrovia Medical Unit, the MMU. This is a U.S. Government-
738 funded 25 bed hospital that has been configured to function
739 as an Ebola treatment unit. It provides advanced Ebola
740 treatment to Liberian and international healthcare workers,

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

741 and to non-governmental organizations and UN personnel
742 involved in the Ebola response.

743 DoD, the State Department, USAID, have provided
744 invaluable support for this mission. It is being carried out
745 with the full cooperation of the Liberian Government and its
746 Ministry of Health.

747 Corps officers--I am sorry. The first team of the
748 United States Public Health Service Commission Corps officers
749 completed 1 week of advanced training in Alabama in October.
750 They arrived in Liberia on October 27. The full complement,
751 a staffing of 70 Corps officers, each of whom voluntarily
752 accepted this assignment to provide direct care for Ebola
753 patients. Additional training was completed in Liberia with
754 support of NGOs such as Medecins Sans Frontiers and the
755 International Medical Corps. We have the equipment, we have
756 gone through safety, clinical care and management protocols.
757 On November 12, the MMU accepted its first patient, a
758 Liberian healthcare worker. Today, the fourth patient is
759 soon to be admitted. Four overlapping teams of 70 officers
760 will be scheduled for rotations of approximately 60-day
761 deployments, for an estimated 6 months of operations at this

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

762 MMU.

763 In conclusion, the safety of our personnel is our
764 highest priority. We are making every effort to ensure that
765 all Corps officers on the ground are working in an
766 environment that will minimize any risk to their personal
767 safety and security, following guidance from the CDC. To
768 ensure the safety of our officers, their families, friends,
769 coworkers, and the communities in which they live, work and
770 play, upon return, officers will undergo exposure risk
771 assessment and, as indicated, be monitored by public health
772 authorities. We look forward to bringing--to welcoming home
773 our personnel returning from this mission, providing them
774 support and thanking them for their extraordinary efforts on
775 behalf of the Nation and peoples of West Africa.

776 Thank you, Mr. Chairman, other members, and members of
777 the subcommittee, and I will be happy to answer your
778 questions at this time.

779 [The prepared statement of Dr. Lushniak follows:]

780 ***** INSERT 3 *****

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

|

781 Mr. {Murphy.} Thank you, Doctor.

782 I will now yield--authorize myself 5 minutes for
783 questions for our panel.

784 Dr. Frieden, so in the weeks that you have been dealing
785 with this in the United States, can you highlight perhaps the
786 top 3 things, lessons learned and modified from this that
787 could give the public assurances that you are adapting as
788 need be?

789 Dr. {Frieden.} The most important principle that we are
790 following in Ebola control is to find out as quickly as
791 possible, as definitively as possible, what works, and then
792 to implement that, both in--on the ground in West Africa, and
793 in the U.S. What we have found is that the--treating Ebola
794 in the U.S. is difficult. The two infections in Dallas were
795 an indication of that, and we immediately moved to add a
796 margin of safety to our guidelines for infection control and
797 personal protective equip. We also are--have put into place
798 multiple levels of protection. Our top priority is
799 protecting Americans, and we do that through control at the
800 source in Africa, screening on exit, screening on entry, and

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

801 the active monitoring program, as well as work with
802 individual hospitals and health departments.

803 We have something called rapid Ebola preparedness teams
804 that have now visited more than 30 hospitals in more than 10
805 states to get those hospitals ready for the next Ebola case,
806 if one occurs, and actually, a team had been to Bellevue
807 before Dr. Spencer even became ill.

808 Mr. {Murphy.} Okay.

809 Dr. {Frieden.} So that rapid response is key and rapid
810 adjustment as we learn more about Ebola and Ebola in the U.S.

811 Mr. {Murphy.} Okay, I want to get back on the hospitals
812 issue in a minute here.

813 Dr. Lurie, on August of 2014, under Section 564(b) of
814 the Food and Drug Cosmetic Act, Secretary Burwell declared
815 that circumstances exist justifying the authorization of
816 emergency use of in vitro diagnostics for detection of the
817 Ebola virus. Did you help advise Secretary Burwell of that
818 declaration, do you recall?

819 Dr. {Lurie.} Yes.

820 Mr. {Murphy.} Okay. So even though she declared Ebola
821 to be an emergency for purposes of the FDA law, she has not

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

822 declared Ebola to be a public health emergency under this,
823 and she has not made this declaration even though the World
824 Health Organization, in August, declared Ebola to be a public
825 health emergency.

826 Do you agree or disagree, is this a public health
827 emergency in the United States?

828 Dr. {Lurie.} So in order for a--an investigational
829 diagnostic test or drug to be used in the United States, the
830 Secretary has the authority to declare that the conditions of
831 potential public health emergency exist. As I think Dr.
832 Frieden and others have highlighted, fortunately, we have
833 been very successful in the United States in detecting and
834 controlling this disease. We have had two very unfortunate
835 cases of transmission of this disease in the United States,
836 but not others, and we believe that all of our efforts are
837 quite effective in controlling the disease at this time.

838 Mr. {Murphy.} We hope so, but fortunately is also an
839 operative word there, and we want to make sure we are doing
840 everything that we possibly can.

841 On page 6 of your testimony, you mentioned you are
842 responsible for coordinating the Emergency Support Function

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

843 #8 response using domestic or--emergencies. Is that an
844 operational responsibility that you have?

845 Dr. {Lurie.} So our--my responsibilities are both
846 policy advice, and we have operational response for--under
847 ESF 8, yes.

848 Mr. {Murphy.} And that has been activated under the
849 response to Ebola?

850 Dr. {Lurie.} Yes, the Secretary's operations center is
851 activated, and all components of ASPR are hard at work.

852 Mr. {Murphy.} I am just trying to clarify, so you are
853 still the coordinator for emergency support function, or is
854 that now Mr. Klain?

855 Dr. {Lurie.} Mr. Klain is the Ebola coordinator for the
856 country, yes.

857 Mr. {Murphy.} Okay. So let me look at this. What data
858 are you modeling, or have you done a data modeling, to
859 determine the number of cases we may anticipate in the United
860 States? Have you done any of that data modeling?

861 Dr. {Lurie.} So one of the things that we have done,
862 actually, as a lesson learned from H1N1, is brought together
863 modelers from all across the Federal Government.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

864 Mr. {Murphy.} And how many cases do you--are you
865 planning for in the United States? I mean--

866 Dr. {Lurie.} So I think our models suggest that if we
867 continue to be very aggressive about our exit screening from
868 West Africa, our entry screening, tracking travelers for 21
869 days with active and direct active monitoring, as we are
870 doing, that we might expect a handful of cases in the United
871 States, potentially in an unrecognized cluster, but that we
872 don't anticipate that we are looking at a widespread
873 outbreak.

874 Mr. {Murphy.} So it is--but you are asking for \$6.2
875 billion here, but you are saying you are expecting a handful
876 of cases. And Senator Schumer just said, look, you owe New
877 York City \$20 million because we had to track all these
878 people that came in contact with someone, but you don't
879 believe in a policy of some kind of self-isolation, even
880 though many of these NGOs do believe that self-isolation. So
881 I am--there is a disconnect here; expect a handful of cases,
882 don't expect more, but asking for 50 hospitals to be prepared
883 throughout the United States, but--help me understand where
884 this--

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

885 Dr. {Lurie.} Sure.

886 Mr. {Murphy.} --\$6.2 billion--

887 Dr. {Lurie.} I would be happy to. I don't think that
888 there is really a disconnect at all. Our strategy for
889 hospital preparedness looks first at being sure that beyond
890 the bio-containment facilities at Emory and Nebraska and NIH
891 we have good strong hospital capacity to recognize, and treat
892 through the entire course of illness, an Ebola patient, first
893 in the 5 cities where all passengers are being funneled. A
894 next ring of hospitals is needed for geographic dispersion
895 around the country to places where travelers are most likely
896 to go, and that is a pretty good range of states now
897 throughout the country.

898 One of the things that we have learned, and you had
899 asked Dr. Frieden about lessons learned, is that Mother
900 Nature always has the upper hand. That means that we have to
901 think about what is next after Ebola. Ebola has taught us
902 that we really need high-containment facilities. So far our
903 planning has been for pandemic preparedness on something that
904 is airborne like pandemic flu. The containment needs, the
905 infection control needs for something like Ebola are very,

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

906 very different.

907 So part of this emergency request is being able to meet
908 our needs now by having a broad geographically dispersed
909 network of hospitals able to treat Ebola, but it is also
910 building toward the future because we don't know where the
911 next cases are going to show up, or the next kinds of
912 travelers are going to show up, but we need to be prepared
913 not only for today but for the next decade and for the next
914 century.

915 Mr. {Murphy.} I am way over my time.

916 I recognize Ms. Castor for 5 minutes.

917 Ms. {Castor.} Thank you very much.

918 On November 5, the President requested \$6.2 billion from
919 Congress to enhance the U.S. Ebola response. The President's
920 request focuses on stopping the outbreak at its source in
921 West Africa.

922 Dr. Frieden, in your testimony you said you were focused
923 in West Africa on prevention, detection and response. Can
924 you go into greater detail. The President's request
925 designates \$603 million to CDC for international response
926 efforts. Discuss how these funds would specifically be used.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

927 Dr. {Frieden.} Thank you very much. Our approach would
928 be on the prevention side to implement and strengthen
929 quarantine and screening procedures so that those can be
930 continued long-term, and individuals with Ebola or
931 potentially exposed to Ebola would be isolated, traced and
932 then promptly isolated if they become ill.

933 Second on the prevention side is infection control.
934 This is an enormous challenge for West Africa because each of
935 the facilities caring for patients needs to think of the
936 possibility of Ebola in a country--in countries where malaria
937 is endemic, and where the symptoms of malaria and Ebola are
938 not easily distinguishable. So that prevention is infection
939 control, quarantine.

940 On the detection side, laboratory and related services
941 to find infections and find illnesses as soon as they occur.
942 That relates to some of the U.S. funding which would allow us
943 to work with companies and other parts of the U.S. Government
944 to optimize some of the testing modalities. And then
945 surveillance, so we are tracking what is going on with the
946 detection. And training of healthcare facilities to identify
947 cases so they are found, isolated, cared for, and don't cause

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

948 outbreaks. And then response; the core public health
949 activities of contact tracing, training of healthcare
950 workers, surveillance, public health education, outreach,
951 rapid response teams, and support diminished periods of help
952 so that we don't need to be there long-term. So we are
953 training people to do the kind of prevention, detection,
954 response that we are doing now.

955 Ms. {Castor.} And what, if any, public health
956 infrastructure was in place in West Africa beforehand?

957 Dr. {Frieden.} There were very weak systems in place
958 prior to this, public health or healthcare, really a shortage
959 of trained workers, so part of our effort is to build up
960 those systems so that they can continue that for many years
961 to come.

962 Ms. {Castor.} Okay, and the budget request also would
963 direct \$1.98 billion to USAID, \$112 million to the Department
964 of Defense, and \$127 million to the Department of State. Can
965 you go through how funding to those agencies would assist in
966 the broader effort?

967 Dr. {Frieden.} I would have to refute--refer you to
968 them for the details, but in general, USAID is coordinating

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

969 under the DART, or Disaster Assistance Response Team,
970 process, and they are enlisting many partners within
971 countries, for example, for burial teams which now exist all
972 over Liberia, and are rapidly and safely and respectfully
973 collecting human remains of people who may have died from
974 Ebola.

975 We are also addressing some of the critically important
976 areas of supporting development in areas like the Guinea
977 forest region where there is a lot of resistance and some
978 resentment, and services in that region are going to be very
979 important in allowing us to get in and do Ebola control.

980 Ms. {Castor.} Okay. Dr. Lushniak, how would the
981 supplemental funding assist the public health service in
982 their work in West Africa?

983 Dr. {Lushniak.} I think to the large extent, certainly
984 running the Monrovia Medical Unit, it is supported by
985 multiple agencies. Within the Department of Health and Human
986 Services, certainly, the supplement will assist us in that
987 endeavor. DoD plays a key partnership role. They are really
988 supplying us with equipment, supplies, a lot of the
989 logistical support on the ground. USAID, as mentioned by Dr.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

990 Frieden, is really out there also pushing ahead. And so, you
991 know, from our perspective is that to have a continuous
992 presence on the ground, and if we strongly believe that this
993 mission is important, as I do, which is providing that
994 medical care to healthcare workers, that the supplemental
995 will assure a success in that mission.

996 Ms. {Castor.} Now, we have heard from Doctors Without
997 Borders and other international organizations about the need
998 for flexibility and adaptability in our response and in that
999 budget request. How--Dr. Frieden, what measures are built
1000 into the supplemental budget request that would give us that
1001 flexibility and adaptability?

1002 Dr. {Frieden.} Well, first, there is the contingency
1003 fund of \$1.5 billion requested by the President, split
1004 essentially equally between the State Department/USAID and
1005 HHS, including CDC. That would be available, for example, if
1006 the disease breaks out in another part of Africa that we need
1007 to intensively surge to, or if we do have an effective
1008 vaccine, to implement a vaccine campaign will be quite
1009 challenging.

1010 Second, within the budget request there is transfer

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1011 authority, and that is extremely important so that we can
1012 adapt our response to what is needed. And third, within the
1013 CDC budget in particular, it would be a single budget line,
1014 so we would have flexibility within CDC to spend the
1015 resources specifically for Ebola control, as they will be
1016 most efficient and most effective.

1017 Ms. {Castor.} Thank you very much. I yield back.

1018 Mr. {Murphy.} Gentlelady yields back.

1019 Now recognize Mrs. Blackburn for 5 minutes.

1020 Mrs. {Blackburn.} Thank you, Mr. Chairman.

1021 Dr. Frieden, let me come to you. As I mentioned in my
1022 opening, keeping Americans safe, this is where our focus
1023 ought to be. And you said in your testimony \$621 million
1024 would be used to fortify domestic public health strategies,
1025 and you didn't mention the managing of waste products from
1026 patients with Ebola. And according to the Institutes of
1027 Medicine report from earlier this month, a patient with Ebola
1028 generates 30 to 40 times more medical waste than another
1029 patient. The report also states there is limited ability to
1030 handle Ebola medical waste in the U.S.

1031 So I have a couple of questions. I can take a yes-or-no

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1032 answer on these and be very happy with that. It will help us
1033 move quickly.

1034 Will part of this funding, this \$621 million, be
1035 directed to managing the medical product--waste products from
1036 treating Ebola patients, or will hospitals be expected to
1037 building on-site incinerators or autoclaves to decontaminate
1038 the waste?

1039 Dr. {Frieden.} Yes, funding will go to support
1040 hospitals to strengthen their waste management systems.

1041 Ms. {Castor.} Okay, and then do you have any plans to
1042 require sterilization of category A waste, including Ebola
1043 waste, on-site or as close as the source--to the source as
1044 possible?

1045 Dr. {Frieden.} CDC already provides guidelines for the
1046 management of waste potentially contaminated with the Ebola
1047 virus, and we would continue to recommend those same
1048 guidelines.

1049 Ms. {Castor.} Does this include on-site?

1050 Dr. {Frieden.} Decontamination can be done either on-
1051 site or can safely be moved off-site--

1052 Ms. {Castor.} Where is it going to go?

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1053 Dr. {Frieden.} Where we are supporting hospitals to
1054 deal with Ebola, we would want that done on-site.

1055 Ms. {Castor.} All right. Kind of got a little skirting
1056 the question there. Do you plan to procure and utilize
1057 mobile medical waste sterilizers?

1058 Dr. {Frieden.} That would be one option that could be
1059 considered.

1060 Ms. {Castor.} Do you plan to do it?

1061 Dr. {Frieden.} It would depend on whether it made sense
1062 for the facility itself.

1063 Ms. {Castor.} Okay. What about the waste in Africa
1064 where we are supporting efforts?

1065 Dr. {Frieden.} In Africa, incineration is the method
1066 used for waste disposal in general.

1067 Ms. {Castor.} Okay. On-site?

1068 Dr. {Frieden.} Generally on-site, yes.

1069 Ms. {Castor.} On-site, okay.

1070 Dr. Lurie, I would like to come to you for a moment, if
1071 I may please. The funding request includes \$157 million for
1072 BARDA to support the manufacture of vaccines and synthetic
1073 therapeutics for use in clinical trials. Would this funding

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1074 be slated to support manufacturing at one of the 3 Centers
1075 for Innovation in Advanced Development and Manufacturing that
1076 were established through previous funding for BARDA, or are
1077 you looking at other potential manufacturing partners?

1078 Dr. {Lurie.} Right now, funding is being used, and it
1079 would be anticipated to use to support both vaccine
1080 development, vaccine manufacturing, and fill and finish
1081 vaccine capacity. Also the continued capacity, and fill and
1082 finish of therapeutic products such as ZMapp. We are
1083 actively engaged both with the Centers for Innovation in
1084 Advance Development and Manufacturing, and with the
1085 Fill/Finish Network components to look at the role that they
1086 can play.

1087 Mrs. {Blackburn.} So you are engaging other partners.

1088 Dr. {Lurie.} We are engaging a range of partners--

1089 Mrs. {Blackburn.} Private sector.

1090 Dr. {Lurie.} Yes.

1091 Mrs. {Blackburn.} Okay.

1092 Dr. {Lurie.} We are engaging the range of partners that
1093 it is going to take to get us vaccine and therapeutics.

1094 Mrs. {Blackburn.} Okay. Well, we were--we had read

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1095 Secretary Burwell's testimony last week, as I am sure you
1096 have, from the Senate Approps. Committee, and it seems as if
1097 the funding for BARDA would go to manufacturing quantities of
1098 those products that undergo successful early development at
1099 NIH, and we know there are several private companies who have
1100 committed significant resources to development treatments or
1101 vaccines for Ebola, and we want to make certain that those
1102 companies are involved in processes going forward.

1103 So you--it is my understanding you are saying you plan
1104 to include them and invite them.

1105 Dr. {Lurie.} So any company with a promising product is
1106 always welcomed into BARDA, and we have a system to sit and
1107 talk with them, determine whether they have promising
1108 candidates, and for them to submit proposals that get
1109 evaluated. What I can tell you in this sense is that it is
1110 generally NIH's role to support the early development of
1111 products. It is BARDA's role to support the advanced
1112 development of products, and BARDA is, and will continue to
1113 support the advanced development of both vaccines and
1114 therapeutics, and to get them scaled up so that if they work,
1115 they can be used in a mass vaccination campaign, or in

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1116 therapies.

1117 Mrs. {Blackburn.} Thank you. I yield back.

1118 Mr. {Murphy.} Gentlelady yields back.

1119 Now recognize Mr. Waxman for 5 minutes.

1120 Mr. {Waxman.} Thank you, Mr. Chairman.

1121 Dr. Frieden, you and a number of other experts have said
1122 numerous times, and you said it here today, the key to
1123 protecting Americans from Ebola is stopping the disease at
1124 its source in West Africa.

1125 Can you explain the approach being taken in West Africa
1126 to contain the spread of this disease?

1127 Dr. {Frieden.} In brief, to identify patients who have
1128 Ebola promptly, get them isolated and cared for safely, and
1129 in the event that individuals die, have them buried
1130 respectfully and safely without spreading disease. To turn
1131 off those 2 main drivers of the infection; unsafe care and
1132 unsafe burial. That is what we have done to date in every
1133 outbreak until now, but the size, scale and speed required
1134 now remains daunting with--instead of dozens or a handful of
1135 cases, still hundreds or thousands of cases to deal with.

1136 Mr. {Waxman.} So would you say the approach is working

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1137 but the epidemic is moving too quickly to keep up with the
1138 amount of cases?

1139 Dr. {Frieden.} I think the decrease in cases in some
1140 areas within West Africa is proof of principle that the
1141 approach works, but we are still very far from the finish
1142 line.

1143 Mr. {Waxman.} Um-hum. Well, what are the consequences
1144 of failure in Africa?

1145 Dr. {Frieden.} If we are not able to stop the Ebola
1146 epidemic in West Africa, the risks are very high that it
1147 would spread to other parts of Africa because of travel
1148 within Africa. If that were to occur, then it could be a
1149 matter of many years before we would be able to control it,
1150 and the threat to the U.S. and other countries would be
1151 proportionately greater.

1152 Mr. {Waxman.} Well, some people say if that is the
1153 concern, why don't we just seal off Africa, not let people
1154 travel here from Africa. Would that solve the problem?

1155 Dr. {Frieden.} From the standpoint of public health, we
1156 look at first and foremost protecting Americans from risk,
1157 protecting Americans from threats, and currently we have

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1158 systems in place that trace each person who leaves one of the
1159 three affected countries, each person who arrives to the
1160 U.S., and follows them for 21 days. We have already had
1161 people develop fever who have called up the Health Department
1162 with the 24/7 number that we provided to them, and have been
1163 safely transported and safely cared for, and have ruled out
1164 for Ebola, but those systems rely on knowing where people are
1165 coming from and how they are getting here.

1166 Mr. {Waxman.} The President has asked for more money in
1167 a supplemental budget. A big portion of that is going to go
1168 to our efforts in Africa to try to stop and contain this
1169 disease, but some of that money is going to be used right
1170 here in the United States to enhance U.S. Government response
1171 to the Ebola outbreak. The request includes \$621 million for
1172 CDC for domestic Ebola response. Can you give a brief
1173 summary of what programs and initiatives are covered by this
1174 funding?

1175 Dr. {Frieden.} Thank you. These would allow us to work
1176 with states so that all travelers are traced on a daily
1177 basis, and if they become ill, are promptly and safely taken
1178 to a facility that is ready to care for them. They would

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1179 result in safer hospitals, not just from Ebola but also other
1180 infectious disease threats. There is a small research
1181 component that would allow us to implement a vaccine trial,
1182 probably in Sierra Leone, in the coming months to determine
1183 whether vaccination works. Other research would help us with
1184 rapid diagnostics so that we could detect more rapidly if
1185 someone became ill. We also would support all jurisdictions
1186 to be better prepared for Ebola and other infectious disease
1187 threats, have safer hospitals, more rapid response, and work
1188 very closely with the state--between the state and the
1189 hospital systems within the state on infection control
1190 generally, Ebola and other deadly threats, specifically,
1191 working very closely with the funding for ASPR and other
1192 parts of hospital preparedness.

1193 Mr. {Waxman.} Well, it seems to me that it shouldn't be
1194 partisan in any way for us to give the grant of money the
1195 President has requested to deal with this terrible epidemic
1196 in Africa, and to protect Americans as well, and the request
1197 is quite balanced in helping us deal with the situation as we
1198 now have it. And in future--in past times, we have always
1199 had bipartisan support. But talking about here in the United

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1200 States, what if we had a pandemic flu, that would certainly
1201 be a lot more dangerous because of how well--how fast it
1202 could spread. Would these funds help us to deal with that?
1203 And secondly, are we prepared for a pandemic flu? Do we have
1204 a stockpile of the medications, and are we ready--as you
1205 said, we don't know what will come next, but if that
1206 happened, are we ready for it?

1207 Dr. {Frieden.} We always work to be better prepared
1208 today than we were yesterday, and better prepared tomorrow
1209 than we are today. A pandemic of influenza remains one of
1210 the most concerning possibilities in all of infectious
1211 disease threats. The funding in the emergency supplement--
1212 emergency funding request would assist this country, health
1213 departments, hospitals, the healthcare system, the public, to
1214 be better prepared for Ebola and other infectious disease
1215 threats, such as pandemic influenza, yes.

1216 Mr. {Waxman.} Okay, thank you. Thank you, Mr.
1217 Chairman.

1218 Mr. {Murphy.} Now recognize Dr. Burgess for 5 minutes.

1219 Dr. {Burgess.} Thank you, Mr. Chairman.

1220 Before I start my questioning, I would like to submit

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1221 for the record this document from the American Hospital

1222 Association for the record for today's hearing.

1223 Mr. {Murphy.} Without objection.

1224 [The information follows:]

1225 ***** COMMITTEE INSERT *****

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

|

1226 Dr. {Burgess.} And, Dr. Frieden, the Administration's
1227 additional funding request states that money will go toward
1228 50 Ebola treatment centers throughout the United States.
1229 Some states, Texas, has already started to designate sites on
1230 their own. So will state-designated centers be included in
1231 that number 50, or will that be in addition to?

1232 Dr. {Frieden.} I will comment, and Dr. Lurie may want
1233 to continue.

1234 Our approach is to strengthen the statewide systems. It
1235 would be the states that would be responsible for--in
1236 collaboration and communication with hospitals, determining
1237 which hospitals would be used, but what we have asked each
1238 state to do is four things related to the active monitoring
1239 program. First, establish the program, including information
1240 flow from the State Health Department to local health
1241 departments. Second, establish a 24/7 hotline for any
1242 traveler or anyone who thinks they may have Ebola, to call so
1243 that they can be safely managed. Third, establish safe
1244 transport between wherever that person calls from, and the
1245 facility that the state has decided will be the facility to

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1246 assess them or treat them for Ebola. And the fourth is to
1247 work with their hospitals to identify facilities that are
1248 able to do that assessment and treatment.

1249 Dr. {Burgess.} I would just add, it would be great if
1250 you had a 24/7 hotline for hospitals when they find that that
1251 suspected patient is on their doorstep at 3 o'clock in the
1252 morning.

1253 But, Dr. Lurie, let me ask you the same question. The
1254 50 centers that are designated in the President's budget
1255 request, is that in addition to the state-designated centers,
1256 or would those two state-designated centers in Texas fall
1257 under the purview of the 50 centers that President Obama is
1258 describing?

1259 Dr. {Lurie.} So as Dr. Frieden said, our process and
1260 our plans have been to work through the states to identify
1261 facilities. The process works basically--

1262 Dr. {Burgess.} So make--

1263 Dr. {Lurie.} --as such--

1264 Dr. {Burgess.} Make it real simple. The 2 centers that
1265 Governor Perry has designated in the State of Texas, do those
1266 fall under the parameters of what the President's budget

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1267 request as it exists today?

1268 Dr. {Lurie.} The funding will go to the states, and the
1269 states, in conjunction with the hospitals, will determine
1270 which of the hospitals will serve as infectious disease
1271 containment centers or the Ebola treatment centers.

1272 Dr. {Burgess.} I guess that is as close as I am going
1273 to get to an answer.

1274 Let me just ask you a question, Dr. Lurie. Do you
1275 report to Ron Klain? Is that someone how who is in the
1276 hierarchal reporting structure that you have? Is he a person
1277 to whom you report?

1278 Dr. {Lurie.} I report to the Secretary, and I interface
1279 with Mr. Klain on a very regular basis.

1280 Dr. {Burgess.} Well, in your testimony, you say that,
1281 under the national response framework, my office, your office
1282 is responsible for coordinating the Emergency Support
1283 Function #8 Response, which is listed here. So where does
1284 Mr. Klain's responsibility fall in the Emergency Support
1285 Function #8?

1286 Dr. {Lurie.} So during different kinds of events in the
1287 United States, whether they are international disasters or

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1288 whether they are other kinds of emergencies, either FEMA is
1289 activated, and--as it is for hurricanes and floods, and I
1290 know we have worked together in Texas on a number of those
1291 things, FEMA is activated in Emergency Support Function #8,
1292 public health and medical services are activated under that
1293 framework.

1294 In other kinds of emergencies--

1295 Dr. {Burgess.} And that is--let me just interrupt for a
1296 minute. And that is under the coordination and control of
1297 Secretary Burwell, is that correct?

1298 Dr. {Lurie.} Emergency Support Function 8, yes.

1299 Dr. {Burgess.} What--does Mr. Klain have a role with
1300 Emergency Support Function #8?

1301 Dr. {Lurie.} So in this situation, we have not had a
1302 declared national emergency, FEMA has not been activated,
1303 however, we do have a--obviously, a very serious situation in
1304 the United States, and Mr. Klain is the national--

1305 Dr. {Burgess.} Let me interrupt you for a moment
1306 because--

1307 Dr. {Lurie.} --coordinator for this country.

1308 Dr. {Burgess.} --my time is going to run out. So I

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1309 guess it is not fair to say that you have an emergency plan,
1310 but do you have a very serious situation plan that you are
1311 working under?

1312 Dr. {Lurie.} We are doing very aggressive planning,
1313 both for what we have in the here and now, and for all the
1314 what ifs. And we work across HHS and with all of the rest of
1315 the components of the Federal Government on that what-if
1316 planning.

1317 Dr. {Burgess.} And I am going to assume that you will
1318 be able to make the details of that plan available to the
1319 committee staff?

1320 Dr. {Lurie.} It is--continues to be in draft. We
1321 continue to work through the what if with our partners across
1322 government, yes.

1323 Dr. {Burgess.} Well, yes was the answer, you will--

1324 Dr. {Lurie.} Yes, we can--when we have the rest of the
1325 plan together, it is something that is a whole-of-government
1326 plan, it is not an HHS plan.

1327 Dr. {Burgess.} Okay, well, it is time.

1328 And then, Dr. Frieden, I just have to ask you. We had 2
1329 nurses that worked at Presbyterian Hospital that were

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1330 infected. I am just going to tell you, when you get that
1331 call at 2 o'clock on a Sunday morning that a nurse has been
1332 infected, you don't have a lot of confidence that things are
1333 working the way they were outlined.

1334 Do you have any insight as to how those two nurses
1335 became infected, and what we can do to protect our healthcare
1336 workers going forward?

1337 Dr. {Frieden.} While we don't know definitively how
1338 those infections occurred, the evidence points to them having
1339 been infected in the first 48 hours after Mr. Duncan was
1340 admitted to the hospital, before his diagnosis was confirmed.
1341 That is consistent with the period of time between onset of
1342 symptoms and exposure. It is also consistent with the
1343 observations of the team from CDC that arrived on the day of
1344 diagnosis of Mr. Duncan, and found that in the intense
1345 efforts of the healthcare workers to protect themselves, they
1346 may have inadvertently increased their risk by some of the
1347 ways that they were working with personal protective
1348 equipment. And that is why CDC immediately strengthened the
1349 margin of safety, and established new guidelines for personal
1350 protective equipment that include, as 2 critical components,

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1351 practicing repeatedly so that healthcare workers have comfort
1352 with the equipment they will be using, and direct observation
1353 of every step of taking on--taking--putting on and taking off
1354 the protective equipment.

1355 Dr. {Burgess.} And this just underscores why it is so
1356 important to have those treatment centers available around
1357 the country, because I can just tell you, the average ICU is
1358 not set up for that type of activity of the donning and
1359 doffing of the protective equip.

1360 I also have a problem with the time frame that you just
1361 enumerated because Mr. Duncan's family never became
1362 symptomatic, and I would suspect it is later in the course
1363 when he was throwing off really massive amounts of viral
1364 particles where the greater risk for exposure to those
1365 healthcare workers occurred, but I am sure you and I will
1366 have future discussions about that.

1367 I will yield back.

1368 Mr. {Murphy.} And just to clarify, Dr. Frieden, during
1369 that time Mr. Duncan--at what point did he actually disclose
1370 that he had been in Western Africa and been exposed to Ebola?

1371 Dr. {Frieden.} My understanding is that he disclosed

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1372 that he was from West Africa on the earlier emergency
1373 department visit, which started on the 25th of September. He
1374 was admitted on 28 of September.

1375 Mr. {Murphy.} Okay, thank you.

1376 Now Mr. Green is recognized for 5 minutes.

1377 Mr. {Green.} Thank you, Mr. Chairman.

1378 And to follow up my colleague from Texas, I know our
1379 state has designated two locations, but about 2 months ago I
1380 was at the Texas Medical Center in Houston and there was some
1381 interest in trying to do that too, and they might--that may
1382 not be one of the two locations that the governor has
1383 designated, but I will have a question later for Dr. Gold
1384 from the University of Nebraska how it was unique that the
1385 University of Nebraska created that facility there and how it
1386 happened.

1387 But let me get to my questions for you, Dr. Frieden.
1388 What is the process and timeline for updating and
1389 communicating changes to protocol and protocols to local
1390 healthcare providers, because we know--and there was an issue
1391 about that last month, is--what is the process that--or have
1392 the processes changed at the CDC to where--from what we did,

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1393 say, in October?

1394 Dr. {Frieden.} With respect to CDC guidelines, we use
1395 the latest data, information and experience to develop
1396 guidelines. We consult widely with affected parties to get
1397 input, and then as soon as we have a clear set of guidelines
1398 that we communicate, we then disseminate those through a wide
1399 variety of networks.

1400 Mr. {Green.} What we have learned from the fear is
1401 isolation and personnel protection from the experience at
1402 Texas Presbyterian, how--and how are these lessons being
1403 shared with other hospitals so we can avoid the same errors.
1404 And, again, the feeling that somebody shows up at 3 o'clock
1405 at one of my not-for-profit hospitals in urban Houston, how
1406 are they going to be able to deal with something like that?

1407 Dr. {Frieden.} We are dealing with this from both sides
1408 of the equation. First, the patient side, and what we have
1409 done is for every single person coming from West Africa, they
1410 are greeted, they are asked detailed questions, their
1411 temperature is taken, and they are provided a care kit that
1412 includes a thermometer, a log for taking their temperature, a
1413 wallet card with a 24/7 number to call, and we have already

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1414 had multiple times in the past few weeks individuals take
1415 their temperature, find that they had an elevated
1416 temperature, call that number, be safely transported to, and
1417 safely cared for in, a facility. They all ruled out for
1418 Ebola, but the system worked in those cases.

1419 We can't guarantee that it will work in every case, and
1420 that is why we are working very intensively with hospitals
1421 throughout the U.S. to prepare them for the possibility that
1422 they could have someone with Ebola. We have released
1423 guidelines, we have done, in conjunction with the rest of
1424 HHS, training sessions, we have had hospital visits by rapid
1425 Ebola preparedness teams to more than 30 hospitals in more
1426 than 10 states, and we will continue to work intensively with
1427 the healthcare system so that they are increasingly well
1428 prepared to address a possible case of Ebola.

1429 Mr. {Green.} The CDC is not a regulatory agency. How
1430 can you provide clarity over the CDC's authority and
1431 responsibilities in setting and enforcement of these
1432 protocols? Do you have any authority and enforcement over
1433 hospital settings?

1434 Dr. {Frieden.} CDC provides guidelines and information.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1435 We provide tools and feedback to facilities. We do not
1436 regulate in this area. That would be up to other entities
1437 within the federal and state governments.

1438 Mr. {Green.} Okay, thank you.

1439 Dr. Lurie, without a commercial market, the development
1440 and manufacture of many medical countermeasures, like those
1441 against Ebola and other infectious diseases, require a
1442 public-private partnership. Congress recognized this when it
1443 created the Project Bioshield, successfully driving
1444 innovation by providing a stable source of funding so that a
1445 reliable market for medical countermeasures was in place.

1446 Dr. Lurie, as you know, the development and medical
1447 countermeasure for a biological threat agent can take a
1448 decade or more, and often \$1 billion to develop. The U.S.
1449 Government research on Ebola countermeasures goes back a
1450 decade, but the level of investment and urgency was not
1451 enough to prepare us for the current situation. Can you
1452 provide a dollar figure on how much investments you perceive
1453 is needed for Ebola vaccines and drugs to allow us to get to
1454 the chance of successfully developing a product?

1455 Dr. {Lurie.} So I am sorry, I didn't hear the last part

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1456 of the question.

1457 Mr. {Green.} Okay. Can you give--

1458 Dr. {Lurie.} Could I provide a dollar figure for what?

1459 Mr. {Green.} Can you provide us a dollar amount--

1460 estimated dollar amount on how much investment you perceive

1461 is needed for Ebola vaccines and drugs to allow us the best

1462 chance of successfully developing these products? Again,

1463 like I said earlier, our research program in Ebola has been

1464 going on for a decade. Is there any resources you could use

1465 that would--and how much would we need to do to get

1466 that--the drugs--

1467 Dr. {Lurie.} Absolutely.

1468 Mr. {Green.} --and vaccines?

1469 Dr. {Lurie.} And, in fact, one of the reasons that we

1470 now have two vaccines that are finishing safety trials is

1471 because of prior investments made across the U.S. Government

1472 in trying to develop an Ebola vaccine, and also with Ebola

1473 therapeutics. As you know--may know right now, those

1474 vaccines are finishing those early trials and, thanks to

1475 money that was provided in the CR, we have been able to

1476 accelerate some of the work both on vaccines and on

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1477 therapeutics.

1478 Whether these vaccines work is going to be something
1479 that we are going to learn over the next coming months with
1480 the trial in West Africa. At the same time, we have now gone
1481 ahead and invested in the advanced development of 3 other
1482 vaccine candidates, and additional ways of scaling up and
1483 making the therapeutics so that we never put all of our eggs
1484 in one basket. We always want to do better, and we will
1485 continue to do that through the investments.

1486 We have really appreciated the support from Congress,
1487 from BARDA, and Project Bioshield in this regard.

1488 Mr. {Green.} Okay, thank you, Mr. Chairman. I know I
1489 am out of time, and I want to thank our colleague--our panel
1490 today, and I am waiting for our second panel.

1491 Mr. {Murphy.} Gentleman yields back.

1492 Now recognize the chairman emeritus, Mr. Barton, for 5
1493 minutes.

1494 Mr. {Barton.} Thank you, Mr. Chairman.

1495 And Congressman Green didn't want to brag, but he has a
1496 family member who is very active in this up at Nebraska, and
1497 we appreciate his family being on the frontlines, and I am

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1498 sure he is--I think it is your daughter--isn't it your
1499 daughter that works up there? So we want to welcome out
1500 witnesses, and on the second panel, Dr. Lakey, from Texas, we
1501 are glad that you are here.

1502 My first question, I am going to ask the Rear Admiral,
1503 the Acting Surgeon General. I believe that we should treat
1504 this first and foremost as a health issue and not as any
1505 other kind of an issue, and it puzzles me that we have not
1506 really effectively put in a travel ban from West Africa. I
1507 know we have alerted people and all of that, but when we had
1508 the hearing down in Dallas-Fort Worth, at the airport, the
1509 answer we got was because we need to send personnel over
1510 there, we don't want to prevent people traveling to here.

1511 As a pier public health official, as the Surgeon
1512 General, why would we not put in a true quarantine and just
1513 flat prevent any travel from West Africa?

1514 Dr. {Lushniak.} Well, certainly, as stated, and have a
1515 strong belief in this, is that currently as we have it, you
1516 know, the idea of having a travel ban prohibits all travel.
1517 To some extent there is that sense of travel of healthcare
1518 workers to Western Africa, and I stated earlier the real

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1519 resolution to this issue is solving the problem in West
1520 Africa, but at the same time, instilling a travel ban has a
1521 total loss of control of who enters and how they enter this
1522 country. And as Dr. Frieden stated earlier, we have set up
1523 these systems, the systems that are in place right now allow
1524 us to know where people are coming from, it allows us to
1525 track them appropriately through the public health endeavors
1526 of the--at the state and local level, and to be able
1527 ultimately to follow them appropriately, to be able to
1528 intervene if symptoms appear, and then be able to direct
1529 them, detect them appropriately and to instill the right
1530 response for that.

1531 So right now as the system works, as the Acting Surgeon
1532 General, I find that the appropriate course of action.

1533 Mr. {Barton.} Okay. Well, it just--it puzzles me, if
1534 we were to have a health outbreak, tuberculosis or something,
1535 there wouldn't be any question in my area that the Texas
1536 Department of Health would put a true quarantine in place.
1537 And I understand some of the external reasons, but, you know,
1538 if you are trying to contain an epidemic, it is old-fashioned
1539 but an absolute ban and absolute quarantine does work.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1540 I want to ask Dr. Frieden, there has been some concern
1541 that perhaps we don't really know how this disease is
1542 transmitted, and unless something has come out very recently,
1543 some of the individuals in Texas that were potentially
1544 affected and put on the watch list had no apparent means of
1545 transmission, yet they did--they were symptomatic. Is your
1546 agency conducting any research right now to see if perhaps
1547 there might be more methods of transmission than we think
1548 exist today?

1549 Dr. {Frieden.} We do a broad variety of research
1550 specifically on Ebola and on the public health spread and
1551 epidemiology of it. The two infections that occurred in this
1552 country of the two nurses at Texas Presbyterian are
1553 infections that occurred at a time when Mr. Duncan was highly
1554 infectious. He had production of large quantities of highly
1555 infectious material, through diarrhea and vomiting, and that
1556 would be our leading explanation of how they are most likely
1557 to have been infected, although we do not know for certain.

1558 We describe what we see, and what we see in Africa is
1559 that people become infected by caring for or touching someone
1560 who is either very ill with Ebola or who has died from it.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1561 And when we analyze the amount of virus in a patient's body,
1562 it goes from undetectable when they are exposed but not ill,
1563 to very small quantities when they first become ill, and then
1564 as they get sicker, the quantities increase enormously. And
1565 if someone dies from Ebola, the quantities are quite large--

1566 Mr. {Barton.} Well--

1567 Dr. {Frieden.} --of infectious material.

1568 Mr. {Barton.} --as a medical professional yourself,
1569 what is your confidence level that there is no other method
1570 of transmission than we know about today? In other words,
1571 are you 100 percent certain that there is no other way, are
1572 you 70 percent certain?

1573 Dr. {Frieden.} In medicine, we say never say never. So
1574 I would not be surprised if there were unusual occurrences of
1575 spread from a variety of ways, but the way it is spreading by
1576 and large in Africa, the way it spread here, and the risk to
1577 people here are brought by those two main mechanisms of
1578 touching body fluids of someone very ill. I will mention
1579 that one of the things that we looked at in our new guidance
1580 in the U.S. is what is done in U.S. healthcare facilities is
1581 very different from what is done in African healthcare

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1582 facilities. There is more hands-on nursing care. There may
1583 be artificial respiration or ventilation of someone, and that
1584 may generate infectious particles and that is why we have
1585 strengthened the level of respiratory protection in our
1586 personal protective equipment--

1587 Mr. {Barton.} Thank you.

1588 Dr. {Frieden.} --guidelines.

1589 Mr. {Barton.} Thank you, Mr. Chairman. My time has
1590 expired.

1591 Mr. {Murphy.} Thank you.

1592 Now recognize Mr. Braley for 5 minutes.

1593 Mr. {Braley.} Thank you, Mr. Chairman.

1594 And, Dr. Lurie, I want to clarify some of the questions
1595 that Congresswoman Blackburn was asking you earlier because,
1596 at our first hearing on September--or, excuse me, October 16,
1597 Dr. Fauci was kind enough to present us with some materials
1598 and walked us through them, including this product
1599 development pipeline, which I think you described in your
1600 testimony, talking about early concept and product
1601 development being the province of NIH, the advanced
1602 development being the province of BARDA, then commercial

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1603 manufacturing by the industry itself, and then regulatory
1604 review. And then the next page in his presentation dealt
1605 with Ebola therapeutics and development. It is my
1606 understanding these are the treatments that are being
1607 developed for the symptoms of the Ebola virus, as opposed to
1608 a vaccine that would hopefully prevent the virus from
1609 spreading, correct? And then he had a slide that talked
1610 about the Ebola vaccines that were in or approaching phase 1
1611 trial. The first one is the GlaxoSmithKline, the second one
1612 was NewLink Genetics, which is based in Ames, Iowa, and when
1613 I asked him questions about that at the time, and I also
1614 questioned Dr. Robinson, in this particular slide, it
1615 appeared there were only two companies; GlaxoSmithKline and
1616 NewLink, that actually had phase 1 trials ongoing.

1617 Has there been any change to that since our hearing on
1618 October 16?

1619 Dr. {Lurie.} Since the hearing on October 16, the phase
1620 1 trials have been underway. They are almost completed. We
1621 are analyzing the data, and I think we are all very
1622 optimistic that we will able--be able to start the next phase
1623 of the trial, which will be a randomized control trial with

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1624 both of those vaccines in West Africa.

1625 Mr. {Braley.} This slide indicated that there was a
1626 third company, Crucell, but they were not expected to engage
1627 in phase 1 trials until the fall of 2015, which is a
1628 substantial ways away from where we are today.

1629 Dr. {Lurie.} There are other potential vaccine
1630 candidates in the pipeline. We are supporting some of those,
1631 but you are right, they are behind this timeline, and we are
1632 right now focused on trying to figure out if these vaccines
1633 are safe and effective, and if they are, get them into use to
1634 control the epidemic in West Africa.

1635 Mr. {Braley.} And--

1636 Dr. {Lurie.} So part of the part of the funding request
1637 will be \$157 million for BARDA to continue to accelerate the
1638 development and manufacturing of vaccines and therapeutics
1639 for this outbreak.

1640 Mr. {Braley.} And my understanding from talking to the
1641 folks at NewLink Genetics is that these clinical trials that
1642 have been ongoing at Walter Reed and the National Institute
1643 of Allergy and Infectious Disease have been progressing well,
1644 that there has been good rapport between the oversight

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1645 agencies and the company involved, and that there is
1646 continuing to be ongoing interactions with the Department of
1647 Defense sponsors as well, which would be the Defense Threat
1648 Reduction Agency and the Joint Vaccine Acquisition Program.
1649 Is that your understanding as well?

1650 Dr. {Lurie.} That is. In fact, every week, either once
1651 a week or twice a week, I run a call with all of the parties,
1652 NIH, CDC, FDA, BARDA, the DoD components, so that we are all
1653 joined at the hip through every step of the process. We know
1654 what is going on, we share information, we know what to
1655 anticipate.

1656 FDA has been a really key partner in this as well
1657 because, in fact, it is their regulatory authority that is
1658 going to determine, you know, ultimately what moves forward
1659 and what doesn't, as well as, obviously, the results from the
1660 trial. I never thought I would find myself in this
1661 situation, but I am saying we are all racing to catch up with
1662 FDA. It is a great situation to be in, that everybody is
1663 working extremely effectively together.

1664 Mr. {Braley.} Great.

1665 Dr. Lushniak, Mr. Barton asked you a question about

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1666 trying to contain and epidemic with an absolute quarantine.

1667 Is there an Ebola epidemic in the United States right now?

1668 Dr. {Lushniak.} There is not an Ebola epidemic in the

1669 United States. The epidemic is, at this point in time,

1670 limited to Western Africa, and once again, that is why we are

1671 trying to contain it there.

1672 Mr. {Braley.} And one of the things that we have talked

1673 about during these hearings is the importance of focusing on

1674 facts and science and medicine. In 1900, the two leading

1675 causes of death in this country were influenza, pneumonia and

1676 tuberculosis, and neither one of those are a leading cause of

1677 death anymore because of the response of science and medicine

1678 and public health.

1679 So when you look at the fact that, in 2012, there were

1680 35 million people living with HIV around the globe, and that

1681 there are currently 14 to 15,000 diagnosed cases of Ebola, it

1682 seems to me that, with the proper application of science and

1683 medicine and public health, we should be able to manage this

1684 crisis if we devote the necessary resources on a global

1685 basis. Would you agree with that?

1686 Dr. {Lushniak.} Yes, I agree.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1687 Mr. {Braley.} Thank you.

1688 Mr. {Murphy.} Mr. Scalise, you are recognized for 5
1689 minutes.

1690 Mr. {Scalise.} Thank you, Mr. Chairman, and I
1691 appreciate you having this second hearing on Ebola. And I
1692 want to thank the panels for coming. I would have liked to
1693 have seen Mr. Klain be a part of this. I know the committee
1694 has made a request for him to appear. I am not sure what,
1695 you know, if he is the Ebola Czar, what his real role is if
1696 he is not going to be coming before the committees that hold
1697 the Administration accountable, and have some transparency to
1698 talk about it. I hope he is not planning just to be a
1699 propaganda czar; that he would actually be focused on working
1700 with us to get solutions to this, but I do want to thank the
1701 panelists that are here.

1702 Dr. Frieden, the last time that you were here we had
1703 talked about a number of things. One of those was the
1704 comments that we heard from Samaritan's Purse. It is a group
1705 that is going to be on the second panel. I am not sure if
1706 you saw their testimony. One of the things I had asked you
1707 about were some of their comments they had previously made,

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1708 that they were blown off, in essence, by your agency, and I
1709 had asked if you knew about that. You said you had heard
1710 about it, hadn't looked into it. Have you looked into it to
1711 see what is going on? There are some people in your agency
1712 that maybe warrant taking advice from groups like that
1713 seriously enough. Can you follow up on that last
1714 conversation we had about those complaints that Samaritan's
1715 Purse made?

1716 Dr. {Frieden.} I am not familiar with suggestions or
1717 complaints or concerns that have been raised with us that we
1718 have not addressed. We have--I have received one
1719 communication from Samaritan's Purse, a very helpful
1720 communication about safety of our own staff, and we
1721 immediately acted upon that.

1722 Mr. {Scalise.} At the last hearing, I had read to you
1723 some comments that they had made. One was a quote where they
1724 said they kind of blew me off, and then they made some other
1725 comments that implied that maybe they weren't being taken
1726 seriously by your agency. They never said it was you, but I
1727 asked if you had looked into that or heard about it. Your
1728 quote was, ``I don't know that that occurred'', and then you

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1729 had said you would look into it, and so I--that is why I was
1730 asking if you had looked into it since our last hearing.

1731 They make some other claims in their testimony that they
1732 are going to give today, ``Many--this is some of the comments
1733 that they make, ``Many public health experts are telling us
1734 that we know the disease, how to fight it and how to stop it.
1735 Everything we have seen in this current outbreak, however,
1736 suggests that we do not know the science of Ebola as well as
1737 we think we do.'' Do you agree with that statement, or have
1738 any response?

1739 Dr. {Frieden.} I think we are certainly still learning
1740 about Ebola and what is the best way to fight it. That is a
1741 critical component of our activities, it is a critical
1742 component of the emergency funding request as well.

1743 Mr. {Scalise.} All right. They also say the disease
1744 has been underestimated from day 1. Do you know if that
1745 maybe was going on, is it still going on, do you think that
1746 it was being underestimated, maybe now not being
1747 underestimated to that level?

1748 Dr. {Frieden.} CDC publications estimated the degree of
1749 underreporting could be as high as a factor of 2.5 back over

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1750 the summer. Our sense is that that is likely to have
1751 decreased in some areas. Fundamentally, the more out of
1752 control it gets, the more systems don't keep up with it,
1753 including systems to track the disease, and if patients don't
1754 have a place to come in, they are much less likely to be
1755 counted and accounted for.

1756 Mr. {Scalise.} Is there any new conversation that you
1757 have had with the Administration, especially the White House,
1758 about what has been talked about by a lot of our Members of
1759 having some sort of travel ban, or at least a holding period
1760 for folks who are over there, having direct contact with
1761 people in West Africa that have Ebola, and then come back
1762 into the United States, to at least have some longer period
1763 to look at them to make sure they don't come back with Ebola?
1764 Have you all had those conversations since we last met?

1765 Dr. {Frieden.} Yes, we have. My top priority as CDC
1766 director is to protect the American people, and I have said,
1767 and others have said, that we will look at anything that will
1768 reduce the risk to Americans. What we don't want to do is
1769 inadvertently make it worse by, for example, interfering with
1770 the system that we have now which allows us to track people

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1771 when they leave, when they arrive, and for 21 days after. We
1772 are at 100 percent follow-up in most states for people who
1773 have come into this country, and that kind of system, if we
1774 don't have it, could result paradoxically in a greater rather
1775 than a lower degree of risk.

1776 Mr. {Scalise.} Well, let me ask you about Ron Klain
1777 because, again, we did ask that he come and participate in
1778 this. He has been designated by President Obama as the Ebola
1779 Czar. Have you had contact with him about strategy about how
1780 to deal with this?

1781 Dr. {Frieden.} Mr. Klain is the Ebola Response
1782 Coordinator. I have frequent contact with him. He
1783 coordinates the response of different parts of the U.S.
1784 Government. He advances--

1785 Mr. {Scalise.} Have the two of you all had any
1786 disagreements on how to approach this?

1787 Dr. {Frieden.} No, we have not.

1788 Mr. {Scalise.} None. If you did, who would ultimately
1789 make the decision, if you felt we ought to go this way and he
1790 felt the Administration ought to go that way, is there a
1791 hierarchy right now?

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1792 Dr. {Frieden.} Mr. Klain has been very clear that
1793 technical decisions, scientific decisions that are the
1794 purview of CDC are made by CDC.

1795 Mr. {Scalise.} All right, I am out of time, and I
1796 appreciate your question--your answers. And thanks for
1797 coming again.

1798 Thanks. Yield back.

1799 Mr. {Murphy.} Okay, gentleman yields back.

1800 Now recognize Mr. Tonko for 5 minutes.

1801 Mr. {Tonko.} Thank you, Mr. Chair, and thank you to or
1802 panelists for your dedicated work on this issue, and for
1803 appearing before us today.

1804 We have heard time and time again that the key to
1805 keeping the United States safe is to eradicate the virus at
1806 its source, and while we have had early indications of
1807 momentum begin to emerge in Liberia, it seems as if the
1808 situations in Sierra Leone and Guinea are not showing the
1809 same promising signs.

1810 So, Dr. Frieden, in your opinion, do we have the
1811 resources deployed in these countries to turn the tide of
1812 Ebola, and if not, what additional resources are needed?

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1813 Dr. {Frieden.} The emergency funding request is
1814 essential to our ability to both protect ourselves here at
1815 home and stop Ebola at the source, and also to prevent the
1816 next Ebola. There are too many blind spots, too many weak
1817 links in places in Africa and elsewhere where we have large
1818 amounts of travel, where we have animal-human interface, and
1819 we have large numbers of people, and that is why all three of
1820 the CDC components of this, and all of the components of the
1821 emergency funding request are so important. The three CDC
1822 related components are domestic preparedness, stopping Ebola
1823 in West Africa, and preventing the next Ebola through the
1824 global health security work.

1825 Mr. {Tonko.} Thank you. And I know that as of a few
1826 weeks ago, the count on the ground through CDC is four
1827 individuals in--from CDC in Guinea. While I know that France
1828 is taking the lead on Ebola response in this country, does
1829 the United States need to take a more leadership-active role,
1830 or does it have the capacity to do so?

1831 Dr. {Frieden.} Excuse me. For the CDC-specific
1832 response, we provide a comprehensive public health approach
1833 in each of the affected countries. As of today, we have

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1834 approximately 175 staff on the ground in West Africa. We
1835 actually have the most staff in Sierra Leone, where the needs
1836 are greatest. We also have more than 20 staff, or roughly 20
1837 staff, in Guinea, but there are additional needs for staff in
1838 Guinea, and we have worked very hard with the African Union
1839 and with other partners to get French-speaking staff there.
1840 With the cluster in Mali, we now have 12 staff as of today in
1841 Mali dealing with that cluster and trying to stop it at the
1842 source.

1843 Mr. {Tonko.} And what about engaging a more
1844 international impact? How does the international community
1845 get engaged to devote its additional resources for the
1846 world--this world health crisis?

1847 Dr. {Frieden.} There has been a very robust global
1848 response. My understanding is that currently contributions
1849 from other countries total more than \$1 billion. The World
1850 Bank has been very proactive and effective. Also we have
1851 seen the UK stepping up in Sierra Leone, and increasingly
1852 French and EU support to Guinea and other areas.

1853 Mr. {Tonko.} Um-hum. And, Dr. Frieden, we have--we
1854 keep hearing that there is a great need for medical

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1855 volunteers to travel to West Africa. Do you have a sense of
1856 how many medical personnel are needed, and how would one get
1857 involved?

1858 Dr. {Frieden.} For American healthcare workers, the
1859 U.S. Agency for International Development, USAID, maintains a
1860 Web site. On that Web site you can go and volunteer.

1861 We ask that Americans who want to be involved do so
1862 through another organization. So they are not going as
1863 individuals, but as part of an organized approach. And there
1864 is a broad need for assistance, including French-speaking
1865 assisting, including not just clinical care, but also
1866 epidemiologic interventions and public health measures.

1867 Mr. {Tonko.} So that is reaching out for volunteers.
1868 Is there any activism in terms of encourage or recruiting
1869 personnel?

1870 Dr. {Frieden.} There has been quite a bit of effort by
1871 individual organizations with the U.S., as well as USAID.
1872 For our own part at CDC, we are looking at epidemiologists
1873 among not only our own staff, but former staff and people
1874 from the broader public health community who may be able to
1875 deploy.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1876 What we are finding is that this is going to be a long
1877 road. It is going to take many months, and so we need people
1878 who are willing to go not just for a week or a month, but for
1879 several months or longer, so that they can get that maximum
1880 effectiveness by being there. Although for the clinical
1881 interventions, where you are working in the isolation unit,
1882 we would like to limit that to 4 to 6 weeks at most so people
1883 can be well-rested, and minimize their chance of taking a
1884 risk that might result in infection.

1885 Mr. {Tonko.} Um-hum. And, Dr. Frieden, we have heard
1886 anecdotally that hospitals across the country are having
1887 difficulty sourcing PPE. What is the CDC's role in
1888 facilitating the PPE supply chain and the allocation of these
1889 PPEs, and could the U.S. ramp up manufacturing of PPE needed
1890 to contain a domestic Ebola outbreak?

1891 Dr. {Frieden.} Dr. Lurie and ASPR can address some of
1892 the manufacturing aspects. From the CDC perspective, we
1893 operate the Strategic National Stockpile. We have already
1894 stockpiled PPE to enable us to rapidly, within hours, deploy
1895 PPE to any hospital within the U.S. That is one of the
1896 components of the emergency funding request, but in addition,

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1897 we have conducted what are called REP, or rapid emergency
1898 preparedness, visits to more than 30 hospitals in more than
1899 10 states. One component of that is addressing whether they
1900 have sufficient PPE. We have prioritized hospitals near
1901 airports where--those five airports where people come in, or
1902 where a large number of the African diaspora live, and we
1903 already have identified dozens of hospitals which are
1904 prepared in terms of their procedures and have ample PPE, but
1905 we understand that not every hospital in America can get
1906 every amount of personal protective equipment they want, and
1907 that is why Dr. Lurie's office has been working closely with
1908 manufacturers to both ramp up manufacture and prioritize
1909 those facilities most likely to need it. And we have been
1910 working with the SNS, or Strategic National Stockpile, to
1911 have PPE that we could deploy very quickly to hospitals
1912 around the country.

1913 Mr. {Tonko.} Thank you.

1914 I yield back, Mr. Chair.

1915 Mr. {Murphy.} Thank you.

1916 Mr. Harper is recognized for 5 minutes.

1917 Mr. {Harper.} Thank you, Mr. Chairman, and thanks to

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1918 each of you for being here and shedding some light on this
1919 evolving situation.

1920 And both you, Dr. Frieden, and you, Dr. Lurie, have told
1921 us that this emergency funding request supports non-
1922 immediate, non-Ebola-specific funding as part of this. Not
1923 all of this would be directly for Ebola, would it?

1924 Dr. {Frieden.} No, I would disagree with that.

1925 Mr. {Harper.} Okay.

1926 Dr. {Frieden.} The request is divided into 2
1927 components; immediate and contingency.

1928 Mr. {Harper.} All right.

1929 Dr. {Frieden.} All of it is addressing Ebola. It
1930 addresses it with respect to the CDC in three ways; domestic
1931 preparedness for Ebola and other infectious disease threats,
1932 because we think it would be most responsible to not only
1933 address Ebola, but also strengthen our system more broadly.
1934 Stopping Ebola in West Africa, and addressing the risk that
1935 there will be another Ebola outbreak, spread of Ebola, or
1936 spread of a disease like Ebola elsewhere in the world through
1937 the global health security component.

1938 Mr. {Harper.} Could not some of that be handled through

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1939 the traditional appropriations process?

1940 Dr. {Frieden.} The situation is urgent with respect to
1941 Ebola. CDC models indicate that for each month of delay in
1942 control, the size of the outbreak can triple. So as a CDC
1943 director, I am not going to address the mechanism, but I can
1944 say that the need for urgent funds, with flexibility in those
1945 use of funds, is crucial.

1946 Mr. {Harper.} If I could, Dr. Frieden, ask you, you had
1947 commented earlier that 2,000 travelers had been monitored, or
1948 are being monitored. How many are being monitored this
1949 moment? What is that number?

1950 Dr. {Frieden.} It is roughly 1,500. The number of
1951 travelers entering is lower than it had been previously.

1952 Mr. {Harper.} Who maintains that list of who is being
1953 monitored?

1954 Dr. {Frieden.} So every person who comes through, goes
1955 through the CBP process, Customs and Border Protection. We
1956 work in conjunction with CBP. That information is collected
1957 from the travelers, and within hours, we provide it to each
1958 state health department. We then monitor with the state
1959 health departments and resolve challenges, if it is someone

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1960 is hard to find or moves from state to state.

1961 Mr. {Harper.} Okay, it--are there any that were being
1962 monitored that you have lost track of?

1963 Dr. {Frieden.} A tiny fraction. Actually, less than 1
1964 percent have been monitored and then not found. Some of
1965 those were later found to have left the country to go back on
1966 travel or otherwise. The program is relatively new, it only
1967 started less than a month--or about a month ago, and what we
1968 are finding is an excellent participation from the states and
1969 the travelers, but it is challenging, and one of the things
1970 that would be supported in the emergency funding request are
1971 funds for state health departments to operate those systems.

1972 Mr. {Harper.} And of those that are being monitored,
1973 how many are have--being told to seek medical attention?

1974 Dr. {Frieden.} We do expect that there will be a steady
1975 stream of people with symptoms. If you just take a set of
1976 1,500 adults, you are going to expect some to have flu, some
1977 type of other illnesses, and from West Africa, more, because
1978 malaria is common. So, for example, in the past several
1979 weeks, there have been four individuals who used the care kit
1980 to check and report Ebola, that we provided them in--at the

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

1981 airport, took their temperature, found that it was elevated,
1982 called the number that they were provided with, were safely
1983 transported to a healthcare facility, and safely cared for
1984 there. They all ruled out for Ebola, but they were cared for
1985 in a safe way.

1986 Mr. {Harper.} All right, let me ask for just a moment.
1987 We talked a little bit today about waste management, and what
1988 to do about the waste of treated Ebola patients. Are any of
1989 that waste being transported across the country as part of
1990 this process?

1991 Dr. {Frieden.} My understanding is that some of the
1992 facilities are autoclaving it, and that the decision of the
1993 waste management companies was then to take that autoclaved
1994 material, which is, as far as everything we know, sterile,
1995 and then moving it to another state for incineration.

1996 Mr. {Harper.} Okay, and so that is meaning that the
1997 waste is being transported across the country?

1998 Dr. {Frieden.} This is really a--

1999 Mr. {Harper.} I know it is being autoclaved, but
2000 anything not being autoclaved that is being transported?

2001 Dr. {Frieden.} I am not aware of anything in that

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2002 category at present.

2003 Mr. {Harper.} If it is being transported through
2004 various states, are the states notified of that transport?

2005 Dr. {Frieden.} I am not familiar with the details. The
2006 EPA has been looking at different measures. They have had a
2007 meeting with the medical waste hauling industry to get input
2008 from them. We have worked with the Department of
2009 Transportation, and what we have done in the individual cases
2010 is ensure that there is the appropriate authority in place
2011 from the federal level, from DOT, and from the state level
2012 for the management of waste.

2013 Mr. {Harper.} I yield back.

2014 Mr. {Murphy.} Mr. Long, you are recognized for 5
2015 minutes.

2016 Mr. {Long.} Thank you, Mr. Chairman.

2017 Dr., is it Lushniak?

2018 Dr. {Lushniak.} Yeah.

2019 Mr. {Long.} Okay, you said that a travel ban, I think I
2020 am quoting you right, would cause us to lose contact on how
2021 many people travel into this country. What do you mean by
2022 that?

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2023 Dr. {Lushniak.} Well, right now, we have a system, and
2024 the system is an open system. We know when people are
2025 entering, we know where they are coming from, we know,
2026 through our cooperative efforts with the Customs and Border
2027 Protection people, of when they are arriving. They are
2028 arriving through five funnels, airports, right now, and we
2029 have that connectivity. With a travel ban, you know, the
2030 essence of a travel ban is what--no one moves, however--

2031 Mr. {Long.} It is from those countries--

2032 Dr. {Lushniak.} It is from those countries--

2033 Mr. {Long.} --that are hot zones.

2034 Dr. {Lushniak.} But at the same time, there is this
2035 potential that people move from country A to country B, from
2036 B to C, from C to the United States, and they can very well
2037 be from Western Africa. So in our, you know, or my
2038 assessment of this, in essence, is what we have right now is
2039 a system, and a system that works following these individuals
2040 who are coming from Western Africa, from the affected
2041 nations--

2042 Mr. {Long.} But if they weren't coming, if we had a
2043 travel ban on them, how could we lose track of them?

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2044 Dr. {Lushniak.} Well, through multiple routes. It is
2045 rerouting from one country to another, to another. In other
2046 words, the United States--

2047 Mr. {Long.} They are not going to have a passport or a
2048 visa or something that says where they started?

2049 Dr. {Lushniak.} Well, again, that system can be sort of
2050 worked around, if you will. You know, right now, we have a
2051 precise system, a system that is allowed to follow people who
2052 come in. We know where they are coming in from, which allows
2053 us to follow them.

2054 Mr. {Long.} I am from Missouri and you have to show me.
2055 I mean that doesn't follow to me, it doesn't make any sense
2056 that if we had a travel ban from these hot zone countries, if
2057 they weren't coming in from those countries, how we could
2058 lose track of them.

2059 Dr. {Lushniak.} Well--

2060 Mr. {Long.} If they are not coming in the first place--

2061 Dr. {Lushniak.} Um-hum.

2062 Mr. {Long.} --and if they want to do a workaround, we
2063 are going to have on their passport where they started,
2064 correct?

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2065 Dr. {Lushniak.} Potentially, if the passports are
2066 correct, if they have not been manipulated.

2067 Mr. {Long.} Dr. Frieden, let me ask you. On--you were
2068 talking about the travel ban also, and you said that there
2069 are less people coming in now, and the last time we were
2070 here, I believe it was October the 16th, I think, when you
2071 were last in to testify, at that time, the number we were
2072 using was 100 to 150 people per day. Do we know what that
2073 number is now?

2074 Dr. {Frieden.} From the data that I have seen until
2075 recently, it has been closer to 70 to 80 per day.

2076 Mr. {Long.} So it has been about--cut by 50 percent for
2077 one reason or another.

2078 Dr. {Frieden.} That is my understanding.

2079 Mr. {Long.} And some people seem to think that if we
2080 just wrote a big check or gave you an unlimited checkbook,
2081 that this problem would go away. Do you think enough money
2082 would fix this problem?

2083 Dr. {Frieden.} I think we have the ability to stop
2084 Ebola, but that is going to require doing what the emergency
2085 funding request asks for, strengthening our system here at

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2086 home, stopping it at the source in Africa, and preventing
2087 another Ebola or Ebola-like situation where the world is most
2088 vulnerable.

2089 Mr. {Long.} There was a story out yesterday on the AP,
2090 and I am sure you have seen the story, of a nurse that was
2091 diagnosed with Ebola in Mali, and she was diagnosed with
2092 Ebola after she had deceased. That is the first time they
2093 knew she had Ebola. And I know she worked in a hospital and
2094 a care center that dealt with the elite. Some people would
2095 probably call them the 1 percent of Mali, but she dealt with
2096 people in the elite, also UN peacekeepers that had been
2097 injured, and after she deceased, they found out she had Ebola
2098 and they didn't know where it had come from. And the first
2099 Ebola death in Mali was 8 days after we had our last hearing
2100 in here, I think it was the 24th of October was the first
2101 death. Then they went back and they figured out that there
2102 was a--they were trying to figure out how she had contracted
2103 this, and then they went back and they found out that there
2104 was a 70-year-old gentleman that they--that had come from, I
2105 don't know if it was Sierra Leone or where it was, but one of
2106 the--I think it was Guinea, he came from Guinea, and he

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2107 apparently was a--the person that brought him to the hospital
2108 later deceased, they are not sure that was Ebola, but they
2109 found out that instead of kidney disease, he deceased from
2110 Ebola. And it is just disconcerting to me and my
2111 constituents how, in a hospital in that area, that they
2112 didn't even know that she obviously had symptoms before she
2113 passed away from Ebola. And one thing, just to wrap up
2114 really quickly, I know I am kind of hitting two or three
2115 different areas, but Dr. Spencer, we heard one of the folks
2116 on the other side of the aisle earlier say that he self-
2117 quarantined, took care of himself. Was he not very
2118 misleading on--he didn't answer where he had been. He said
2119 he had been home in his apartment, and they checked the
2120 subway passes and they checked his credit card and it--and
2121 things and found out that he had actually been to the bowling
2122 alley, that pizza parlor, and taking public transportation,
2123 did he not, in New York?

2124 Dr. {Frieden.} So in terms of the Mali situation, we
2125 have 12 staff on the ground there now.

2126 Mr. {Long.} Right.

2127 Dr. {Frieden.} And as--

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2128 Mr. {Long.} And they have been there how long?

2129 Dr. {Frieden.} We have had staff in Mali since before
2130 their first case--

2131 Mr. {Long.} Okay.

2132 Dr. {Frieden.} --helping them with Ebola preparedness.
2133 And then the 2-year-old who died, who you mentioned, was
2134 unrelated as far as we know to the current case. The 70-
2135 year-old gentleman who died actually lives in a town that is
2136 on the border.

2137 Mr. {Long.} I am talking about a nurse that passed
2138 away, not a 2-year-old. I didn't mention a 2-year-old, so
2139 this--

2140 Dr. {Frieden.} No, the source case for that nurse is
2141 the 70-year-old who you mentioned, sir. He lived in the town
2142 of Kurmali, which is on the border between Mali and Guinea,
2143 and his Ebola diagnosis was not recognized. He had other
2144 health problems. People thought he had died from the other
2145 health problems. And there is now a cluster of cases there,
2146 and we are working very intensively to try to stop it
2147 because, given the challenges of Mali, if Ebola gets into
2148 Mali, it is going to be very hard to get out, so we are

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2149 hoping to be able to stop that--

2150 Mr. {Long.} And they went back 3 weeks later and tried
2151 to sanitize the mosque that he had been prepared for burial
2152 in, correct?

2153 Dr. {Frieden.} That is my understanding.

2154 Mr. {Long.} So it is--I would like to see, as I said
2155 back on the 16th, a travel ban, and I still don't understand
2156 how you can lose track of people that never came in the first
2157 place.

2158 I yield back.

2159 Mr. {Murphy.} Thank you.

2160 Mrs. Ellmers, you are recognized for 5 minutes.

2161 Mrs. {Ellmers.} Thank you, Mr. Chairman, and thank you
2162 to our panel.

2163 Dr. Frieden, one of the things that I have been doing is
2164 reaching out to the hospitals in North Carolina, and in my
2165 district alone, I have a number of hospitals that are saying
2166 that they are experiencing delays in receiving some of the
2167 protective equipment and protective wear that they need.
2168 Specifically, short supply of Tyvek suits, shrouds and N95
2169 masks. They are being told that it could be 6 to 8 weeks, or

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2170 possibly even longer. What does the CDC--what role does the
2171 CDC play in this, and why would there be a delay in this
2172 equipment?

2173 Dr. {Frieden.} We have looked at three levels of
2174 hospitals. First, the hospitals around the airports. We
2175 want to make sure that they have ample supply. Also, the
2176 hospitals, I should say, which are the specialty facilities
2177 like Nebraska, Emory and NIH. Second is the facilities where
2178 large numbers of people from the African diaspora live, where
2179 we might have another case. And third is all of the other
2180 facilities in the countries. And given the number of
2181 facilities, there is not currently enough PPE on the market
2182 of some of the products to give every hospital as much as
2183 they would like.

2184 At CDC, we have a Strategic National Stockpile, and that
2185 stockpile already has enough PPE to distribute to hospitals
2186 that urgently need it within hours. We also have worked,
2187 through our rapid Ebola preparedness teams, or REP teams,
2188 with several dozen hospitals around the country to get them
2189 ready. When we work with them, we have found that, although
2190 they might have shortages of some protective equipment, they

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2191 have been able to meet those shortages by contacting the
2192 manufacturers. And I understand that what Dr. Lurie and her
2193 office has done is to work with the manufacturers to both
2194 scale up, so they are working very hard to produce more, and
2195 prioritize facilities that are most likely to need
2196 facilities.

2197 For some of the products, such as N95s--

2198 Mrs. {Ellmers.} Um-hum.

2199 Dr. {Frieden.} --we have ample supplies in the Strategic
2200 National Stockpile, and we could provide as needed.

2201 Mrs. {Ellmers.} Okay. And, Dr. Lurie, do you want to
2202 comment on that as well?

2203 Dr. {Lurie.} Sure. One of the things that my office
2204 has done through our critical infrastructure programs, since
2205 the very beginning, is we try to work with the manufacturers
2206 and distributors.

2207 Mrs. {Ellmers.} Um-hum.

2208 Dr. {Lurie.} I have personally spoken to the
2209 leadership at each of the manufacturing companies, and each
2210 of them now have gone to 24/7--

2211 Mrs. {Ellmers.} Manufacturing.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2212 Dr. {Lurie.} --three shifts a day manufacturing.

2213 Mrs. {Ellmers.} Um-hum.

2214 Dr. {Lurie.} In addition, they have all made a
2215 commitment to work with us, and we are actively doing this so
2216 that if a hospital is on our first list of being--

2217 Mrs. {Ellmers.} Um-hum.

2218 Dr. {Lurie.} --really ready to take of Ebola patients,
2219 or needs PPE urgently, they will prioritize the orders.

2220 What they told me, very interestingly, is that because a
2221 lot of people are frightened, that many hospitals are, they
2222 think, double and triple ordering PPE from different
2223 distributors and different manufacturers because they want to
2224 be sure that they get some.

2225 Mrs. {Ellmers.} Um-hum.

2226 Dr. {Lurie.} So part of our job is to be sure working
2227 within that people get what they need. And as Dr. Frieden
2228 said, through the Strategic National Stockpile, we are very
2229 confident that we can get enough PPE to any hospital that has
2230 an Ebola patient.

2231 Mrs. {Ellmers.} Okay.

2232 Dr. {Lurie.} We also want to be sure that they have

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2233 enough. The manufacturers and distributors have also
2234 developed some training material, so you don't have to train
2235 on real PPE. They will go out to a facility--

2236 Mrs. {Ellmers.} Um-hum.

2237 Dr. {Lurie.} --and let you use other kinds of--

2238 Mrs. {Ellmers.} Um-hum.

2239 Dr. {Lurie.} --samples to practice.

2240 Mrs. {Ellmers.} To practice, okay.

2241 Dr. Frieden, in relation to travel, I have been in touch
2242 with my local hospital--or, excuse me, my local airport,
2243 Raleigh-Durham International, and obviously, that is not one
2244 of the five designated airports, but I am concerned about our
2245 Customs and Border Protection officers. They are the first
2246 line. They are--they would be the first to come in contact.
2247 They are not healthcare professionals. With this increased
2248 threat of Ebola, is the CDC prepared or has dedicated
2249 additional funds to those airports outside of the five
2250 designated to help with training and personnel issues?

2251 Dr. {Frieden.} Part of the emergency funding request is
2252 to ramp up some of the quarantine services. Our focus is
2253 working in the five funneled airports now, and we have worked

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2254 very closely with Customs and Border Protection. It has been
2255 an excellent partnership. We have provided training,
2256 information, but we understand that there is a desire for
2257 more information. With the funneling process, we are now
2258 able to ensure that almost all travelers go to those five
2259 airports.

2260 Mrs. {Ellmers.} One last question. Is the CDC working
2261 with OSHA and Department of Labor on helping the hospitals to
2262 be trained and up and ready for the preparedness?

2263 Dr. {Frieden.} Yes, OSHA has been part of the CDC teams
2264 and offers its services and information to hospitals that are
2265 working on preparedness.

2266 Mrs. {Ellmers.} Okay, great. Thank you.

2267 Dr. {Frieden.} Thank you.

2268 Mrs. {Ellmers.} And I just want to say also that I wish
2269 that Mr. Klain was here with us today as part of this panel
2270 because I think the information that our new Ebola Czar--that
2271 he could provide some very important information, so I just
2272 want to state that. Thank you.

2273 Mr. {Murphy.} The gentlelady yields back.

2274 I now recognize Mr. Olson for 5 minutes.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2275 Mr. {Olson.} I thank the chair. And welcome to our
2276 witnesses.

2277 My home is Texas 22. It is a suburban Houston district.
2278 Many folks who live there work down at the Texas Medical
2279 Center, and many live in rural parts of Texas 22. Needville,
2280 Texas, where cotton is still king.

2281 The Ebola case in Dallas spooked them. It spooked them
2282 badly. Two schools in Cleveland, Texas, shut down for days
2283 because two students were on a flight coming back from
2284 Cleveland with that nurse who had been exposed. Cleveland is
2285 closer to Houston than it is to Dallas. Galveston, Texas,
2286 had a cruise ship docked there came home early because a
2287 nurse from Dallas self-imposed-quarantined herself in her
2288 cabin. The waste coming from Dallas is coming down to
2289 Galveston UTMB to be incinerated in 55 gallon drums, 1,800
2290 degree Fahrenheit to completely burn the waste from treating
2291 Ebola cases in Dallas.

2292 Everything that goes to Galveston comes through Texas
2293 22. One common frustration I have heard over and over back
2294 home is the deluge of information coming from CDC and all of
2295 you all. It is confusing and overwhelming. I have heard

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2296 that from big hospital systems and small providers.
2297 Emergency centers like St. Michaels in my own town of
2298 Sugarland, Texas. I am worried about the little guys like
2299 St. Michaels.

2300 Now, the question for all three panelists, the first one
2301 is for you, Dr. Frieden. What is your organization doing to
2302 ensure that small guys like St. Michaels are ready if an
2303 active Ebola patient shows up at 2:00 in the morning on
2304 Thanksgiving night?

2305 Dr. {Frieden.} Three things. First, we are working
2306 with the travelers themselves so that they know where to go,
2307 they have a number to call, they are checking their own
2308 temperature so that they can promptly identify if they have
2309 symptoms and be cared for before they become severely
2310 infectious. Second, we are providing information through our
2311 Web site, through webinars, through demonstration and
2312 training practices to hospitals throughout the U.S., as well
2313 as hands-on training through our REP teams and our CERT Teams
2314 if there were to be a case. And third, we are working very
2315 closely with state health departments which we really think
2316 are key here. And one of the critical components of the

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2317 emergency funding request is strengthening and providing more
2318 resources to state health departments exactly for this; to
2319 strengthen infection control for Ebola, other deadly threats,
2320 and things that are daily endangering the health of patients
2321 throughout the country. And we think that state health
2322 departments and hospitals have a critical role to play, and
2323 to maximize the impact of that, it will require the resources
2324 and it will require taking an approach that addresses Ebola
2325 as well as other deadly threats, and strengthens our everyday
2326 systems of infection control.

2327 Mr. {Olson.} Dr. Lurie, how about yourself, ma'am? HHS
2328 helping St. Michaels?

2329 Dr. {Lurie.} Helping St. Michaels? Well, so one of the
2330 things that we have done through our Hospital Preparedness
2331 Program is reach out to all of the hospitals around the
2332 country. Hospitals are now organized into coalitions, which
2333 are community-level collections of hospitals and dialysis
2334 facilities and nursing homes and others. Texas has a very
2335 well organized system of this, and reaching out through them,
2336 they are able to reach to St. Michaels, number one, to say if
2337 they needed personal protective equipment, could they get it

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2338 through their coalition. If they needed help with exercises
2339 and training, they could get it through their coalition.
2340 Number two, as I mentioned before, we have had a very
2341 aggressive national outreach and education campaign that has
2342 been open to healthcare providers, including healthcare
2343 providers from St. Michaels and anywhere else around the
2344 country. People can take advantage of numerous phone calls
2345 and webinars. They have reached nurses, they have reached
2346 doctors, they have reached hospital administrators, they have
2347 reached EMS professionals around the country. At this point,
2348 we have reached over 360,000 people across the United States
2349 with this.

2350 So finally, it is our goal that every hospital,
2351 including hospitals like St. Michaels, will be able, as Dr.
2352 Frieden says, to think Ebola, to recognize a case, to safely
2353 isolate a case, and to be able to get help. And finally,
2354 through the state health departments, and I know you will
2355 hear from Dr. Lakey--

2356 Mr. {Olson.} Yeah.

2357 Dr. {Lurie.} --in a little while, they call the state
2358 health department, and if they have questions or concerns

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2359 about a patient with an Ebola-like syndrome, the state is in
2360 a very good position to help as well.

2361 Mr. {Olson.} And, Dr. Lushniak, after your question,
2362 but one more question to you, Dr. Frieden. You were quoted
2363 on October 2 saying, this is a quote, ``Essentially, any
2364 hospital in the country can take care of Ebola.'' Do you
2365 stand by that quote today? Any hospital.

2366 Dr. {Frieden.} Clearly, it is much harder to care for
2367 Ebola safely in this country than we had recognized. It is
2368 the case that every hospital in America should be ready to
2369 recognize Ebola, isolate someone safely, and get help so that
2370 they can provide effective care. That is why we established
2371 the CERT Team, CDC Ebola Response Team, that will fly in at a
2372 moment's notice for a highly suspected or confirmed case, to
2373 help hospitals throughout the country.

2374 Mr. {Olson.} Thank you.

2375 Yield back.

2376 Mr. {Murphy.} Now recognize Mr. Johnson for 5 minutes.

2377 Mr. {Johnson.} Thank you, Mr. Chairman. And I too want
2378 to thank the panel for joining us today. Thank you very
2379 much.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2380 Dr. Frieden, have any other states also applied stricter
2381 standards than the CDC has in terms of how to handle Ebola?

2382 Dr. {Frieden.} CDC guidelines are just that, for
2383 states, and states are free to be stricter than that. We are
2384 gratified that most have followed our standards, and really
2385 what we say is pretty clear--

2386 Mr. {Johnson.} But do you know if any states have
2387 stricter standards?

2388 Dr. {Frieden.} Yes, some do.

2389 Mr. {Johnson.} Okay. All right. Why do you think the
2390 states are adopting stricter standards than the CDC? Are you
2391 confident that your standards, the CDC guidelines and
2392 standards, are strong enough?

2393 Dr. {Frieden.} We believe that our standards, if
2394 followed, are protective of the public. They require that
2395 people who may be at any elevated risk, or some risk, rather,
2396 those individuals have their temperature monitored every day
2397 by direct active monitoring. And that is something that
2398 allows us to interact with the person, to talk with them, and
2399 to determine on an individual basis if they should stay home
2400 that day, or if they might be reasonable to allow them to do

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2401 other things.

2402 Mr. {Johnson.} Have you talked to any of the states
2403 that have stricter standards to fine out their rationale for
2404 the stricter standards?

2405 Dr. {Frieden.} I have had some communication with some
2406 of the individuals involved, and understand some of their
2407 thinking process. The number of individuals who are subject
2408 to those stricter standards is really quite small, and all of
2409 those individuals, by our standards, should be in what is
2410 called direct active monitoring, which means someone actually
2411 watches them take their temperature each day, has a
2412 conversation with them, and confirms that they are healthy
2413 and don't have a fever.

2414 Mr. {Johnson.} Okay. Have--the last time that you were
2415 with us, we talked about having tested these standards. Have
2416 the standards been fully tested, the guidelines been fully
2417 tested across the country, back to what my colleague from
2418 Texas just mentioned, so that every hospital knows what to
2419 do? Have they been tested?

2420 Dr. {Frieden.} So the standards in monitoring travelers
2421 are being implemented now by every state in the country, or

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2422 virtually every state in the country, tracking people coming
2423 back from West Africa, monitoring them for fever--

2424 Mr. {Johnson.} Have they been tested?

2425 Dr. {Frieden.} I am not sure I understand your
2426 question, but with respect to the traveling--

2427 Mr. {Johnson.} Then let me explain the question. You
2428 know, going back to my military experience, and I think some
2429 of the gentlemen here can understand that, we do things
2430 called operational readiness inspections. We don't wait for
2431 the bullets to start flying before we know what we are going
2432 to do when they do start flying. You come to Appalachia,
2433 Ohio, there are lots of little community hospitals that dot
2434 our region. Are those hospitals fully up to speed, have they
2435 tested and have they signed off on any kind of guidelines
2436 that they have tested their Ebola process?

2437 Dr. {Frieden.} In terms of hospital preparedness, many
2438 hospitals have undertaken drills. We have also--

2439 Mr. {Johnson.} Has CDC mandated any drills to--

2440 Dr. {Frieden.} CDC does not mandate that hospitals do
2441 drills. We provide guidance, support and resources for
2442 hospitals to do that.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2443 Mr. {Johnson.} Have you recommended that they conduct
2444 drills?

2445 Dr. {Frieden.} Yes, and we have been directly involved
2446 with them in doing that, and we have reviewed for the REP-
2447 visited hospitals, those that are most likely to receive a
2448 case, we have visited those hospitals, we have overseen their
2449 drills, we have overseen their preparedness, and we have
2450 worked with them on advancing their preparedness.

2451 Mr. {Johnson.} Okay. It is my understanding there are
2452 several Ebola centers scattered across the country, also
2453 referred to as infectious disease centers. Most of them have
2454 a patient capacity of one to two people. As of right now,
2455 most individuals with Ebola treated in the United States have
2456 been transported to one of these centers to better manage
2457 their illness.

2458 In the event that a larger number of cases were to show
2459 up in the U.S., how does the CDC plan to treat a patient load
2460 that exceeds the capacity of available bed space in those
2461 centers?

2462 Dr. {Frieden.} The challenge of a cluster of Ebola
2463 would be substantial, and it would be a matter of using all

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2464 available--

2465 Mr. {Johnson.} Define a cluster.

2466 Dr. {Frieden.} It would be a handful of cases. It
2467 could be 5 or 10 cases.

2468 Mr. {Johnson.} Okay.

2469 Dr. {Frieden.} In a kind of practical worst case
2470 scenario, this is something that could be seen. In this
2471 case, we would use all available local resources, if need be,
2472 surging healthcare workers in, and we would also transport
2473 patients to facilities around the U.S. where they could be
2474 treated.

2475 Mr. {Johnson.} Do we have--I mean these centers are set
2476 up to handle one or two patients because of the unique
2477 requirements of the disease, the virus. Do we have
2478 transportation systems that are capable of transporting Ebola
2479 patients in--if that outbreak were to be bigger than the 1 or
2480 2 that we are talking about?

2481 Dr. {Frieden.} We have some transportation facilities
2482 for Ebola patients in the U.S. We are working with the State
2483 Department and others to increase the capacity to transport
2484 patients.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2485 Mr. {Johnson.} What about those who might be
2486 transported to other places, would they be receiving lower
2487 quality care, in your mind, than at the--one of the
2488 infectious disease centers?

2489 Dr. {Frieden.} No, we think the quality of care can be
2490 provided. It is really an intensive care unit care, and CDC
2491 clinicians have consulted on the care of every single patient
2492 cared for in the U.S., and provided to each and every one of
2493 them access to experimental treatments and state-of-the-art
2494 care.

2495 Mr. {Johnson.} Okay.

2496 Mr. {Murphy.} Gentleman's time has expired.

2497 Now--

2498 Mr. {Johnson.} Thank you. I yield back.

2499 Mr. {Murphy.} Thank you.

2500 Recognize Ms.--Ms. DeGette, do you have questions that
2501 you wanted to ask?

2502 Ms. {DeGette.} Go ahead.

2503 Mr. {Murphy.} She is going to yield at this point.

2504 I now recognize Mr. Griffith for 5 minutes.

2505 Mr. {Griffith.} Thank you, Mr. Chairman. Dr. Frieden,

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2506 I am going to try to move through these as quickly as I can,
2507 so I appreciate short answers.

2508 You are aware that the Secretary of HHS is able to
2509 transfer funding from your department to other departments,
2510 isn't that correct? She can take funding from your
2511 department and stick it somewhere else, isn't that correct?

2512 Dr. {Frieden.} There is limited transfer authority as
2513 far as my understanding goes.

2514 Mr. {Griffith.} And when that happens, are you
2515 notified, is she required to tell you that she has
2516 transferred funds?

2517 Dr. {Frieden.} As far as I know, yes.

2518 Mr. {Griffith.} And has the Secretary transferred funds
2519 in 2014 from the Division of Handling--Emerging and Zoonotic
2520 Infectious Disease?

2521 Dr. {Frieden.} I--

2522 Mr. {Griffith.} Yes or no?

2523 Dr. {Frieden.} I don't know the answer to that off-
2524 hand. I could get back to you with that information.

2525 Mr. {Griffith.} If you could get that information for
2526 me?

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2527 Dr. {Frieden.} Yes.

2528 Mr. {Griffith.} And I believe that that particular
2529 division would be a part of the Ebola response, I am correct
2530 in that?

2531 Dr. {Frieden.} That is correct.

2532 Mr. {Griffith.} And do you know whether or not the
2533 Secretary has transferred money from the CDC's global health
2534 programs?

2535 Dr. {Frieden.} I would have to get back to you on that
2536 as well.

2537 Mr. {Griffith.} All right. Likewise, the same would be
2538 on the CDC's Public Health Preparedness and Response
2539 Division?

2540 Dr. {Frieden.} I would have to get back to you.

2541 Mr. {Griffith.} And both of those also would be a part
2542 of your Ebola response, wouldn't they?

2543 Dr. {Frieden.} Yes, they would. Yes, they are.

2544 Mr. {Griffith.} Now, you have indicated that you don't
2545 know about whether these monies were transferred. Do you
2546 know if any monies were transferred at all during 2014? Do
2547 you have any information?

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2548 Dr. {Frieden.} There is a Secretary's transfer, but I
2549 don't know the details of what has been done.

2550 Mr. {Griffith.} Okay, and so you don't know the
2551 details. Do you know--so you would not know if any of this
2552 was transferred to help support the financial underpinnings
2553 of the American--of the Obamacare, ACA?

2554 Dr. {Frieden.} I don't--I do not know.

2555 Mr. {Griffith.} And likewise, do you know if any
2556 transfers were made to the Administration--by the
2557 Administration for children and families to care for
2558 increasing number of unaccompanied children who arrived in
2559 the United States?

2560 Dr. {Frieden.} I am not familiar with that financial--

2561 Mr. {Griffith.} You are not familiar with that, but
2562 you--would you get us the answers to all of those?

2563 Dr. {Frieden.} We can certainly get you those answers.

2564 Mr. {Griffith.} Likewise, I am curious, the President
2565 apparently has requested a fair amount of money, and part of
2566 that related to Ebola and part of that is a \$1.54 billion in
2567 contingency funding. Some of that is supposed to go to HHS,
2568 it says in his letter, to make resources available to respond

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2569 to evolving epidemic both domestically and internationally.
2570 And I am looking here and it says that, while \$751 million of
2571 that is to go to HHS, it then talks about transferring those
2572 funds over to Homeland Security to increase Customs and
2573 Border Control operations. Have you been in the loop on
2574 that? Do you know what kind of money you all are getting,
2575 and what are they talking about with Customs and Border
2576 Control operations?

2577 Dr. {Frieden.} We work very closely with the CBP, and
2578 we understand the need for contingency funds for Ebola in
2579 case, for example, Ebola would spread to another country that
2580 required a very intensive, extensive response. So that
2581 flexibility is a critical component of the emergency funding
2582 request.

2583 Mr. {Griffith.} Okay, and that funding request is, as
2584 was pointed out in an editorial by David Satcher, and I hope
2585 I am pronouncing that right, a former director of CDC, and a
2586 former Surgeon General. That request by the President is
2587 actually greater than what we have been spending on
2588 Alzheimer's, isn't that correct?

2589 Dr. {Frieden.} I don't know Alzheimer's funding details

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2590 off-hand.

2591 Mr. {Griffith.} All right, and in regard to Mr. Klain,
2592 have you all had sit-down, face-to-face meetings?

2593 Dr. {Frieden.} Yes.

2594 Mr. {Griffith.} And how many of those meetings have you
2595 all been--

2596 Dr. {Frieden.} Well, I would have to get back to you
2597 with the exact number.

2598 Mr. {Griffith.} If you could give me that number, I
2599 would greatly appreciate that. That would be very, very
2600 helpful.

2601 Now, in some of the outbreaks in the past, historically,
2602 in Ebola that have occurred in Africa, isn't it true that
2603 there are sometimes that we have an outbreak and we don't
2604 know where the disease actually came from, where it was
2605 picked up?

2606 Dr. {Frieden.} We have not identified definitively the
2607 animal reservoir of Ebola. We think it may be bats or bush
2608 meat, but we have not determined that. We have determined it
2609 for a similar virus, Marburg, from research that CDC
2610 scientists did.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2611 Mr. {Griffith.} And the meat, I understand. The bats,
2612 would that be from excrement? I mean how would the bats
2613 spread it, or are they eating the bats as well?

2614 Dr. {Frieden.} Well, it may be saliva, it may be
2615 carried--bats, as mammals, carry a lot of pathogens that are
2616 similar to the pathogens that infect humans.

2617 Mr. {Griffith.} But this is just 1 of many areas where
2618 we are not really 100 percent sure of how the disease is
2619 spread, particularly in Africa?

2620 Dr. {Frieden.} Well, I would clarify. We are not sure
2621 of the animal reservoir. From all of the experience we have
2622 had spread among human populations is from either unsafe care
2623 or unsafe burial in the outbreaks that we have assessed so
2624 far.

2625 Mr. {Griffith.} So but that is once there has been an
2626 outbreak, but there are occasions when the outbreak just
2627 starts and nobody had it there before, so it couldn't have
2628 come from human contact, it had to come from this animal
2629 reservoir, and we are not sure exactly what animals carry it,
2630 whether or not it is, you indicated spittle, excrement, what
2631 else. We do know that it is transmitted if you eat a

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2632 diseased animal, is that correct?

2633 Dr. {Frieden.} It may be actually not so much the
2634 consumption of bush meat, but the hunting and handling and
2635 cleaning of bush meat where you may get exposed to blood and
2636 other body fluids.

2637 Mr. {Griffith.} Okay.

2638 I appreciate it, and yield back.

2639 Mr. {Murphy.} Now recognize Ms. DeGette for 5 minutes.

2640 Ms. {DeGette.} Thank you, Mr. Chairman. And I want to
2641 apologize to you and to the panel for running out--in and
2642 out. The democratic leadership right now is actually working
2643 on who our next ranking member of this full committee is
2644 going to be. It is not going to be me. Thank you for your
2645 vote of confidence. And so I just want to ask a few
2646 questions, and then I am going to leave you in the capable
2647 hands of Mr. Green.

2648 Dr. Frieden, the first thing I wanted to talk to you
2649 about is the contingency fund that has been requested in the
2650 emergency supplemental. What exactly is the purpose of that
2651 fund, and what would it be used for?

2652 Dr. {Frieden.} The contingency fund is to deal with the

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2653 unpredictable nature of Ebola, the possibility that it might
2654 spread to countries where it is not currently in place, and
2655 might require very extensive, expensive control measures
2656 there. Also that we might have new interventions, such as a
2657 vaccine, and need a large and potentially expensive program
2658 to implement a vaccine program in affected communities and
2659 for healthcare workers.

2660 Ms. {DeGette.} And why would you need to do that
2661 through a contingency fund and not through an additional
2662 emergency supplemental, if that situation--either of those
2663 situations presented themselves?

2664 Dr. {Frieden.} You know, in the words of one of my
2665 staff at CDC, in the case of Ebola, it is the lack of speed
2666 that kills. We need to be able to respond very quickly to
2667 changing conditions on the ground.

2668 Ms. {DeGette.} And we are seeing that right now in
2669 Africa, is that right?

2670 Dr. {Frieden.} That is. There--

2671 Ms. {DeGette.} Everything is changing very quickly in
2672 Africa.

2673 Dr. {Frieden.} Absolutely. We are responding to a

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2674 cluster in Mali, we are moving out with CDC disease
2675 detectives into very remote rural areas to address clusters
2676 of disease before they become large outbreaks.

2677 Ms. {DeGette.} Do you have a sense of why the number of
2678 cases in Liberia has recently dropped?

2679 Dr. {Frieden.} We believe this is proof of principle,
2680 that the approach that we are recommending can work, but we
2681 are still seeing large numbers of cases in at least 13 of the
2682 15 counties of Liberia. We have seen that decrease taper off
2683 so that we have seen a leveling-off of cases that have been
2684 reported. Every one of those cases needs intensive follow-
2685 up, contact tracing, monitoring of contacts, and we are still
2686 having perhaps between 1 and 2,000 cases--new cases per week
2687 in West Africa, so this is still a very large epidemic.

2688 Ms. {DeGette.} And that kind of leads me to my final
2689 question, which is, you have said repeatedly, and, frankly,
2690 there has been a lot of pushback on this, not just from this
2691 committee but from lots of other folks, you have said
2692 repeatedly that you don't think that travel bans and
2693 quarantines are the way to go about addressing this, and I am
2694 wondering if you can tell us whether that is still your view,

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2695 and if so, why, and if it is not, why not?

2696 Dr. {Frieden.} We are willing to consider anything that
2697 will make the American people safer, any measure that is
2698 going to increase the margin of safety, and one of the things
2699 that we have done is to implement a travel system so that
2700 people leaving these countries are screened for fever,
2701 arriving in the U.S. are monitored for fever, are linked with
2702 the local health department. We are now working with state
2703 and local health departments to monitor each of those
2704 individuals each day, and we are seeing very high adherence
2705 rates to that. So we have a system in place now.

2706 The risk to the U.S. is directly proportional to the
2707 amount of Ebola in West Africa. The more there is, the
2708 higher our risk. The less there is, the lower our risk. We
2709 have to reduce the risk there by attacking it at the source,
2710 but whatever we can do to reduce the risk to this country, we
2711 are certainly willing to consider.

2712 Ms. {DeGette.} So you would still consider a travel ban
2713 if that seemed like the only solution?

2714 Dr. {Frieden.} If there were a way to ensure that we
2715 didn't lose that system of tracking people through every step

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2716 of their travel, and once here, we would consider any
2717 recommendation, but it is not CDC that sets travel policy for
2718 the U.S. Government.

2719 Ms. {DeGette.} Right. And what I am concerned about is
2720 if Ebola goes to other countries and they--in Africa in
2721 general, it will be harder and harder to trace where people
2722 came from.

2723 Dr. {Frieden.} The spread of Ebola to other places in
2724 Africa is one of the things that we are most concerned about
2725 because it would make it much harder to control. We were
2726 able to work with Nigerian authorities to stop the cluster in
2727 Nigeria. Right now, Mali is in the balance of whether we
2728 will be able to stop the cluster there before it gains a
2729 foothold in Mali. But the longer it continues in the 3
2730 affected countries, the greater the risk that it will spread
2731 to other countries.

2732 Ms. {DeGette.} Okay, thank you.

2733 Thank you very much, Mr. Chairman.

2734 Mr. {Murphy.} Gentlelady yields back.

2735 Now Mr. Terry is recognized for 5 minutes.

2736 Mr. {Terry.} I ask unanimous consent to be able to ask

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2737 questions.

2738 Mr. {Murphy.} Yes, you are recognized, yes.

2739 Mr. {Terry.} Thank you.

2740 Dr. Frieden, from Nebraska, I am really proud of the
2741 efforts of University of Nebraska Med Center. At least we
2742 are top in something. It is not football, but it gives us a
2743 sense of real pride, despite the last patient's outcome,
2744 which they did heroic efforts. But also in that regard, they
2745 seemed to have been the ones that, especially in comparison
2746 to the Dallas Baptist Hospital, were kind of the--that they
2747 were setting the standards on the practices.

2748 And so that begs the question, or at least we should ask
2749 the question, of whether the CDC should develop an
2750 accreditation type of program on infectious disease programs
2751 to ensure that these hospitals maintain a level of competency
2752 and readiness.

2753 Should you--is something like that ongoing?

2754 Dr. {Frieden.} Well, first, we really appreciate the
2755 facility in Nebraska and their willingness to step forward,
2756 and the phenomenal care they have provided to all the
2757 patients who have come to them, and despite the outcome of

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2758 the physician recently, we know that heroic measures really
2759 were undertaken, and the staff there really deserve a--the
2760 gratitude of all of us, and we appreciate them. We
2761 appreciate also their willingness to consult with other
2762 facilities, and to share their experience because that is
2763 critically important.

2764 Mr. {Terry.} Which they have done, and I--

2765 Dr. {Frieden.} Yes.

2766 Mr. {Terry.} --again, that--hospitals like Johns
2767 Hopkins is asking them how to do it is a source of pride for
2768 us as well.

2769 Dr. {Frieden.} I--what we have approached is something
2770 called the REP Team, the Rapid Ebola Preparedness Team, where
2771 we send a team in to work with the facility, to outline every
2772 aspect of their preparedness, and to see how ready they are,
2773 and then to provide recommendations for what more we can--
2774 they can do.

2775 We have also worked with the state health departments so
2776 that they can determine which of the facilities within their
2777 state that are most appropriate to take patients with Ebola
2778 or other infectious diseases, because they are really best

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2779 prepared for that.

2780 In terms of accreditation, that is something that we
2781 have discussed with the Joint Commission. Whether that makes
2782 sense in the long run or not is something that we are open to
2783 exploring.

2784 Mr. {Terry.} All right, as a layperson, it seems to
2785 make sense that you would have an area where there is one
2786 hospital that has that level of accreditation. And then it
2787 begs the question that if they are going to be that go-to
2788 hospital in a region or a state, whether there should be
2789 maintenance funding behind that. What do you think?

2790 Dr. {Frieden.} We certainly believe that they should
2791 receive resources. There is funding within the emergency
2792 funding request, both from CDC and from ASPR, to support
2793 specialty facilities such as the one in Nebraska.

2794 Mr. {Terry.} And so the question then is, just to
2795 clarify, would that be part of the President's requested
2796 dollars?

2797 Dr. {Frieden.} Yes, it is.

2798 Mr. {Terry.} Dr. Lurie?

2799 Dr. {Lurie.} Yes, it is.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2800 Mr. {Terry.} Very good.

2801 Dr. {Lurie.} Yes.

2802 Mr. {Terry.} So--and again, Dr. Frieden and Dr. Lurie,
2803 one of the experiences here is that we know that, let us see,
2804 UNMC I think has 11 units, but the reality is they can
2805 probably only have three patients at a time because of all of
2806 the collateral circumstances. So do we need more bio-
2807 containment units like what Emory and UNMC have? Dr.
2808 Frieden?

2809 Dr. {Frieden.} We think we need some increase in the
2810 number of facilities that can safely care for someone with
2811 Ebola, or another deadly infection. We have been working
2812 very closely with hospitals throughout the country to
2813 increase that capacity, and the emergency funding request
2814 would enable us to really get to the level where we would
2815 have a greater degree of comfort with the facilities out
2816 there and the capacities.

2817 Mr. {Terry.} Well, just to clarify that some of the
2818 dollars that would be in the emergency funding, the
2819 President's request, would be to expand the number of bio-
2820 containment units?

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2821 Dr. {Frieden.} Yes.

2822 Mr. {Terry.} Very good. And one of the questions about
2823 having three patients at UNMC, these folks don't have any
2824 insurance and they are holding the bag for the funding of
2825 those patients. Is there anything with HHS, Dr. Lurie, or
2826 CDC that can reimburse these facilities for the healthcare
2827 costs?

2828 Dr. {Frieden.} I believe that Secretary Burwell
2829 indicated in the hearing last week that we are very open to
2830 mechanisms that would make them whole for the expenses that
2831 they have had.

2832 Mr. {Terry.} Open to it and doing things are--there is
2833 a big gap between those two. Is there any further
2834 discussions to reimbursing, Dr. Lurie?

2835 Dr. {Lurie.} I think we understand that the cost of
2836 caring for these patients is quite substantial, and as Dr.
2837 Frieden said, Dr.--Secretary Burwell indicated that she would
2838 look forward to working with Congress on this issue, yes.

2839 I might also just add in terms of the emergency funding
2840 that is necessary, it is clear that hospitals that are going
2841 to take care of Ebola patients need additional training, and

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2842 we very much appreciated the fact that University of Nebraska
2843 and Emory have been now working side by side often with the
2844 REP Teams to help with that. Part of our funding request
2845 would also establish something that would look like a
2846 national education and training center that would move to a,
2847 you know, another level, I think, of preparedness for
2848 hospitals that really wanted to obtain that and to get help
2849 with doing that.

2850 Mr. {Terry.} Okay, thank you very much.

2851 My time has expired.

2852 Mr. {Murphy.} All right, that concludes the questions
2853 for this panel. We thank you. And also Members may have
2854 some other additional questions. I would appreciate your
2855 responsiveness to those. We do appreciate the availability
2856 of all of you in responding to us, so I thank you very much.

2857 Dr. {Frieden.} Thank you.

2858 Mr. {Murphy.} As this panel is moving, I will begin to
2859 introduce the second panel so we can move forward here. And
2860 I will introduce two of the panelists, then we will ask Mr.
2861 Terry to introduce one as well.

2862 We will start off here--just a moment here. First, Mr.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2863 Ken Isaacs is the Vice President of Programs and Government
2864 Relations for Samaritan's Purse. Also Dr. David Lakey is the
2865 Commissioner of the Texas Department of State Health
2866 Services, but is here today testifying on behalf of the
2867 Association for State and Territorial Health Officials,
2868 correct?

2869 Now, Mr. Terry, if you would like to introduce the other
2870 panelist.

2871 Mr. {Terry.} I would be honored to introduce Dr.
2872 Jeffrey Gold, the Chancellor of the University of Nebraska
2873 Medical Center and Nebraska Medicine. He is recent to
2874 Nebraska, but certainly making a huge impact, especially with
2875 the Biomedical Containment Center where they have hosted 3
2876 Ebola patients, and they are setting the standards for how to
2877 treat the Ebola patients, and setting the standards for the
2878 employees that come in contact and work with those. UNMC is
2879 a great facility. They are very forward-thinking. They are
2880 probably--they are ranked very high in a lot of areas of
2881 care, but it is probably the research that is making them
2882 known internationally, and so I am proud to introduce Dr.
2883 Jeffrey Gold.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2884 Mr. {Murphy.} Thank you. Well, for the panel, you are
2885 aware the committee is holding an investigative hearing, and
2886 when doing so, has had the practice of taking testimony under
2887 oath. Do any of you have any objections to taking testimony
2888 under oath? The chair then advises you that under the rules
2889 of the House and the rules of the committee, you are entitled
2890 to be advised by counsel. Do any of you desire to be advised
2891 by counsel during your testimony today? And all the
2892 panelists have said no. In that case, would you please rise
2893 and raise your right hand, and I will swear you in.

2894 [Witnesses sworn]

2895 Mr. {Murphy.} All have answered affirmatively. You are
2896 now under oath and subject to the penalties set forth in
2897 Title XVIII, section 1001 of the United States Code.

2898 I am going to ask you each to give a 5-minute summary of
2899 your written statement, and we will begin with Mr. Isaacs.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

|

2900 ^TESTIMONY OF KEN ISAACS, VICE PRESIDENT, PROGRAMS AND
2901 GOVERNMENT RELATIONS, SAMARITAN'S PURSE; DR. DAVID LAKEY,
2902 COMMISSIONER, TEXAS DEPARTMENT OF STATE HEALTH SERVICES; AND
2903 DR. JEFFREY GOLD, CHANCELLOR, UNIVERSITY OF NEBRASKA MEDICAL
2904 CENTER

|

2905 ^TESTIMONY OF KEN ISAACS

2906 } Mr. {Isaacs.} Thank you, Chairman Murphy, and esteemed
2907 members of the council and fellow guests of the committee for
2908 letting me testify today. It is a privilege to be before you
2909 regarding the developments of the Ebola outbreak in West
2910 Africa.

2911 Since Ebola entered Liberia in March through its
2912 explosion into the international spotlight in July, and even
2913 now, when it appears that the disease may have crested in
2914 Liberia, the world has learned much about Ebola, but I want
2915 to stress today that we have also discovered that there are
2916 many important questions that we simply do not know the
2917 answer to, and we need to know the answer to them.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2918 I want to run through them quickly. I will say as an
2919 offside that going last means you have to reshuffle
2920 everything you are going to say because it has all been said
2921 before.

2922 But I think that a good question to know the answer to
2923 is how are the doctors who are returning to America becoming
2924 infected. Some of those doctors have been our staff, some of
2925 those doctors have been our coworkers that were treated at
2926 Nebraska. And even recently, the gentleman in New York, they
2927 were all wearing level 4 gear. How did they get infected.

2928 Can the virus live in other mammals besides primates,
2929 bats, rodents and humans. Now, I have worked and lived in
2930 Africa for about 25 years, and I have eaten my share of bush
2931 meat. It is not always bats. It is mostly something like a
2932 groundhog. And so what does it mean, where does the virus
2933 live. And the point is that can it jump into the animal
2934 population here. We need to know that.

2935 As with other viruses, is it possible that Ebola can be
2936 asymptomatic, sort of a Typhoid Mary kind of a thing. We
2937 know for a fact of three situations where blood was drawn on
2938 patients who were non-feeble, who were non-symptomatic, and

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2939 they all three tested positive. One of the problems that
2940 exists today in Liberia where Samaritan's Purse is working is
2941 that there is no protocol to move blood from Liberia to Rocky
2942 Mountain Laboratory where these kind of tests would need to
2943 be checked and results found out.

2944 You know, I will just say I am not trying to be a fear
2945 monger, but I think that there are things that we need to
2946 look at critically, and we should not be afraid to ask
2947 questions. In my written testimony, there is one paper from
2948 the New England Journal of Medicine that reports that 95
2949 percent of the cases of Ebola incubate in 21 days. The
2950 inference is 5 percent don't incubate until 42 days. We need
2951 to know what that 5 percent means.

2952 While the media coverage is already decreasing, and
2953 people maybe feel like that Ebola has peaked, we do not think
2954 it has. I totally agree with Dr. Frieden. I think that we
2955 need to vigorously and in a sustained manner fight this
2956 disease in Africa. I think that no card can be taken off the
2957 table, and I think that while we hear from many health
2958 experts that we know how the disease is spread, we know how
2959 to fight it and we know how to stop it, the truth is that

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2960 lessons come at a great and expensive and painful price, and
2961 when a new lesson comes about, then all of the policies are
2962 changed. So I heard the word humility used several times
2963 today by different Members of the panel, and I think that
2964 that is a good word because Ebola is a humbling disease.

2965 When you talk to the epidemiologists, they are all over
2966 the place. CDC is saying 1 1/2 million people by the middle
2967 of January, and the World Health Organization is saying that
2968 in December maybe 10,000 people a week. The point is we
2969 don't know.

2970 Several things that I want to say right quick is we are
2971 seeing the disease go down in Liberia today as it regards the
2972 empty hospital beds, as it regards deaths, and as it regards
2973 patient loads, but at the same time, we are seeing a
2974 significant increase in Sierra Leone, the country next to it,
2975 so it is clear that the disease has not peaked. Actually, if
2976 anything, I would say that it perhaps has ran its course, and
2977 we don't know what its course is. And if you look at the
2978 epidemiological charts in Sierra Leone, it has peaked two
2979 times before. So the question really is are we at a peak or
2980 are we in a trough before the next up rise?

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

2981 Practically speaking, I think that a couple of things
2982 that we need to look at is a travel ban, travel restrictions,
2983 or I like to say travel management, should not be taken off
2984 the table. The real threat to the United States I do not
2985 feel is going to be how many people are sick here. The real
2986 threat to the United States is what will happen if the
2987 disease spreads into countries that cannot handle it. And I
2988 am not talking about Africa, I am talking about in a sub-
2989 Indian continent, I am talking about in India and China and
2990 Pakistan, Myanmar, Bangladesh, countries that are highly
2991 populated, that have low public health standards, and have
2992 low hygiene standards. You could see a death toll that would
2993 be unimaginable, and the impact around the globe would affect
2994 us as well.

2995 So I think I am out of time there. Thank you.

2996 [The prepared statement of Mr. Isaacs follows:]

2997 ***** INSERT 4 *****

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

|

2998 Mr. {Murphy.} Thank you.

2999 And, Dr. Gold, you are recognized for 5 minutes.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

|

3000 ^TESTIMONY OF DR. JEFFREY GOLD

3001 } Dr. {Gold.} Thank you--

3002 Mr. {Murphy.} You have to pull it real close to you.

3003 Thank you.

3004 Dr. {Gold.} Chairman Murphy, other members of the
3005 subcommittee, thank you so much for the opportunity to
3006 discuss the Ebola outbreak and the Nation's response, and how
3007 the Nation can maintain a state of readiness to respond to
3008 future highly infectious diseases.

3009 I am Jeff Gold, and I have the honor as serving as
3010 Chancellor of the University of Nebraska Medical Center. My
3011 testimony today will focus on the challenges of dealing with
3012 Ebola, and our Nation's readiness to respond to highly
3013 infectious diseases.

3014 This has been said many times earlier today, and well
3015 before, the United States is dealing with a serious public
3016 health crisis with the Ebola outbreak in Africa. It is a
3017 crisis that the United States has both the expertise to
3018 contain and to help resolve.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3019 One of the most pressing goals to accomplish from the
3020 Ebola outbreak is how to best leverage the knowhow to train
3021 and to better prepare the Nation's healthcare system, to
3022 combat future highly infectious threats like Ebola here and
3023 around the world.

3024 The University of Nebraska Medical Center is recognized
3025 as a national resource for our readiness to provide care for
3026 Ebola patients, and also our ability to provide training on
3027 Ebola and other highly infectious diseases. We have
3028 successfully treated Ebola now in two patients, and not in
3029 one. Most recently, passed away yesterday. We have provided
3030 consultations to many hospitals, clinics, emergency
3031 departments across the United States, including Bellevue
3032 Hospital in New York, on how to deal with therapies for
3033 patients who arrive in their hospital, their emergency
3034 departments, et cetera.

3035 Our readiness is based upon more than 9 years of
3036 preparation, protocol development and team training to deal
3037 with highly infectious, deadly diseases. As a result, we are
3038 now responding to literally hundreds of hospital inquiries
3039 across the Nation, asking how to prepare if Ebola arrives in

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3040 their community. Emory University Hospital is experiencing
3041 similar inquiries, and we are working closely together.

3042 One step that we took to respond to the immediate
3043 national demand for information and training was to work with
3044 Apple Computer to convert our 9 years of protocols and
3045 procedures into easily accessible and completely downloadable
3046 multimedia materials and videos for healthcare providers.
3047 That was accomplished in 1 week, which is now available
3048 through Apple and through public media, and can be accessed
3049 on any personal computer, with well over thousands and
3050 thousands of physicians and members of the public who are
3051 downloading content specifically about personal protective
3052 equipment and others.

3053 You might ask why Nebraska. Why is the bio-containment
3054 unit that we opened in 2005 in existence. This followed the
3055 9/11 attacks. It was built upon concerns about Anthrax on
3056 congressional offices and SARS attacks. We recognize that
3057 the commonest of international travel increased the chance of
3058 global spread of highly infectious diseases. Our unit has
3059 written and rewritten protocols and procedures, and
3060 collaborates consistently with national organizations and

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3061 other medical centers. We rigorously train with local
3062 emergency responders, state emergency management and military
3063 units through our relationships with STRATCOM and others. We
3064 spend a great deal of time considering the response plan if
3065 another highly infectious disease were to occur, and how this
3066 could be scaled.

3067 The university is also a Department of Defense
3068 authorized university affiliated research center, which
3069 specializes in developing medical countermeasures to weapons
3070 on mass destruction, including highly infectious viruses. We
3071 have a history of conducting extensive research in these
3072 areas, including vaccines, antivirals, early detection, et
3073 cetera.

3074 What has become obvious from this Ebola crisis is that a
3075 national readiness plan is absolutely necessary. Our bio-
3076 containment unit is one of four in the Nation. The capacity
3077 and the number of units in the Nation must be increased, and
3078 a national readiness plan that trains healthcare providers
3079 must be established. The number of actual beds is under 20,
3080 the number of usable beds is under 10, and I assure you that
3081 every unit such as ours will always maintain at least one bed

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3082 if it is ever needed for a staff member that becomes ill.
3083 That immediately knocks the number down by four, five, or
3084 six.

3085 The University of Nebraska Medical Center and Emory are
3086 working closely with the CDC and HHS on how training might be
3087 most effectively delivered. It must begin soon, and we have
3088 done so in advance of any funding considerations. As
3089 Congress considers funding, I urge that this include a number
3090 of items, and I will just read them by title as they are
3091 contained in my briefing documents. A national training in
3092 Ebola and highly infectious diseases, to develop a tier
3093 training system. Training should include setting up an
3094 accreditation program that independently nationally accredits
3095 organizations, emergency departments, et cetera, to establish
3096 and maintain their skill level of readiness. An annual
3097 maintenance of funding for increased role of existing bio-
3098 containment units to maintain their readiness. We have
3099 funded the readiness of our unit totally off of internal
3100 dollars at--up to this point. Funds to expand the number of
3101 treatment centers and existing bio-containment units,
3102 specifically, to increase bed and staff capacity within

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3103 existing units, as well as new units. And finally,
3104 reimbursement for care for Ebola patients not covered by
3105 insurance.

3106 Ladies and gentlemen, we have the expertise and knowhow
3107 to contain Ebola and other infectious threats, however, in
3108 order to do this, we must ensure that our Nation's healthcare
3109 professionals are adequately trained, properly equipped and
3110 rigorously drilled.

3111 I thank you so much for this privilege.

3112 [The prepared statement of Dr. Gold follows:]

3113 ***** INSERT 5 *****

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

|

3114 Mr. {Murphy.} Thank you, Dr. Gold.

3115 Now, Dr. Lakey.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

|

3116 ^TESTIMONY OF DR. DAVID LAKEY

3117 } Dr. {Lakey.} Thank you, Chairman Murphy, and members.

3118 For the record, my name is David Lakey, the Commissioner of

3119 the Texas Department of State Health Services, and I have

3120 been in that role now for 8 years. This last month has been

3121 one of my most trying and tough years--months as the

3122 commissioner of the Department of State Health Services.

3123 On September 30, 2014, the Texas State Public Health

3124 Laboratory, a laboratory response network laboratory,

3125 diagnosed the first case of Ebola in the United States. The

3126 diagnosis of Mr. Duncan with Ebola set in motion a process we

3127 in public health refine through continued use, tried and true

3128 public health protocols, including identifying those

3129 individuals that have had contact with people that have been

3130 infected, making sure that they are monitored, providing care

3131 to those that have been infected, isolating those

3132 individuals, and when need, using quarantine.

3133 The magnitude of the situation really was unprecedented.

3134 While Mr. Duncan was one man, staying in one city, in one

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3135 state in the country, the outcomes associated with his case
3136 could impact the whole state and possible other parts of the
3137 United States.

3138 We at the Department of State Health Services, along
3139 with our colleagues in Dallas and our colleagues at the
3140 Center for Disease Control and Prevention took the
3141 responsibility to contain the spread of this disease very
3142 seriously. We organized a local incident command structure
3143 to handle the event, and at a state level, we activated our
3144 emergency response management centers. While our core
3145 mission was simple in concept; to protect the public's health
3146 by limiting the number of people exposed to the virus, the
3147 challenges associated with carrying out that mission were
3148 numerous.

3149 The care of Mr. Duncan presented its own challenges.
3150 Identifying the first person in the United States infected
3151 with this disease, the infection control challenges, waste
3152 management and transportation, the availability of
3153 experimental treatments and vaccines, training for healthcare
3154 workers on the higher standards of infection control, and
3155 personal protective equipment guidance and supplies. And

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3156 when Mr. Duncan regretfully passed away, we handled issues
3157 related to caring of his human remains, which remained highly
3158 infectious with Ebola for months after death. Unfortunately,
3159 during the care of Mr. Duncan, two nurses became infected.
3160 Nurses who had put their lives and their careers on the line
3161 to take care of Mr. Duncan and to protect the public's
3162 health.

3163 Concerns relating to the handling of these three Ebola
3164 patients included questions about decontaminating their
3165 homes, their automobiles, decisions about how to handle their
3166 personal effects, the monitoring of pets, and personal--or,
3167 excuse me, patient transportation issues, and addressing the
3168 public's concerns. Identifying potential contacts, and
3169 locating them and monitoring those individuals had some risk
3170 of exposure that also involved many challenges. Decisions
3171 about who to quarantine and what level of quarantine,
3172 balancing public health and an individual's rights, providing
3173 accommodations for those confined to one location for the 21-
3174 day monitoring period, quickly processing control orders,
3175 coordinating two symptom checks a day for each person under
3176 monitoring, and managing the transportation and the testing

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3177 of laboratory specimens.

3178 Throughout all of these specific challenges, our
3179 experience in Dallas exemplified common requirements for
3180 successful responses to emergency situations. Having clear
3181 roles and responsibilities among the various government
3182 agencies and entities that are involved, strong lines of
3183 communication, and an incident command structure staffed by
3184 trained emergency management and public health professionals
3185 to ensure the response's cohesive direction. It really
3186 requires a partnership at all levels of government, and
3187 throughout state and Federal Government.

3188 The outcome in Dallas proved the strength of the public
3189 health's process. Hundreds of people were monitored in the
3190 state. Two cases of Ebola resulted from the direct care of
3191 the index case, and they were detected early in the disease
3192 onset, and they recovered. No cases resulted from community
3193 exposure.

3194 At this time, like other states, Texas is providing
3195 active monitoring for individuals who arrive in the United
3196 States from one of the outbreak countries. Texas has
3197 monitored approximately 80 individuals under the airport

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3198 screening process. Texas is also, like other states, working
3199 to ensure that capacity exists in the state to care for
3200 patients with high consequence infectious diseases like
3201 Ebola. Two centers currently are able to stand up on a short
3202 notice to receive a patient, and Texas is working to identify
3203 additional capacity within our state.

3204 As Ebola screening and monitoring transitions into our
3205 routine processes, our focus in Texas is now shifting to
3206 include complete evaluation of the response in Dallas, and a
3207 discussion of how to improve the public's health response
3208 system in Texas as a whole, and sharing our experiences and
3209 our lessons learned nationwide.

3210 Governor Perry has put together a taskforce for
3211 infectious disease preparedness and response to evaluate the
3212 Texas system, and to make recommendations for improvement.
3213 We take that extremely seriously. I believe this discussion
3214 among governmental and nongovernmental individuals, among
3215 varied stakeholders, and including experts in pertinent
3216 fields will result in a Texas and the Nation being better
3217 prepared to handle the next event.

3218 While we do not know what form the next event will take,

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3219 we do know that there will be another event. As I tell my
3220 colleagues at the state and national level, it is my
3221 expectation that, as the Commissioner of Health, that I am
3222 going to have to manage one major disaster each and every
3223 year. One unthinkable event per year. And that is why the
3224 funding that is provided to states through the Hospital
3225 Preparedness Program, in fact, is very important to what we
3226 do, and that partnership is really critical.

3227 And finally, I want to thank my colleagues at both the
3228 Dallas County Health Department and the Center for Disease
3229 Control for their work and their support, and this really was
3230 a team effort.

3231 Thank you, sir.

3232 [The prepared statement of Dr. Lakey follows:]

3233 ***** INSERT 6 *****

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

|

3234 Mr. {Murphy.} Thank you.

3235 And, Dr. Gold, I know you have some travel plans. We
3236 have about 20 minutes of questions, will you be able to
3237 accommodate that?

3238 Dr. {Gold.} Yes, sir, whatever your needs are.

3239 Mr. {Murphy.} Thank you very much. Appreciate that.

3240 And I will recognize myself for 5 minutes.

3241 Dr. Gold, you mentioned a number of comments about what
3242 needs to be done with the Administration's request for
3243 funding. I don't know if you have had a chance to read it.
3244 Have you?

3245 Dr. {Gold.} At least in general terms, yes.

3246 Mr. {Murphy.} Okay. So would you know whether or not
3247 there is an adequate plan to support the request yet? I
3248 don't want to put you on the spot.

3249 Dr. {Gold.} I don't think the granularity is in the
3250 written materials that have been provided.

3251 Mr. {Murphy.} Would you do us a favor, as someone at a
3252 hospital dealing with this, could you make sure you get to
3253 the committee's specific recommendations? In fact, I would

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3254 ask that all the panelists who have all dealt with this, that
3255 would be very, very helpful to have that kind of granularity.

3256 Dr. {Gold.} Yes.

3257 Mr. {Murphy.} Thank you.

3258 Dr. Isaacs, you have been to Africa.

3259 Mr. {Isaacs.} Excuse me?

3260 Mr. {Murphy.} You have been to Africa? And--

3261 Mr. {Isaacs.} Yeah, a lot of times.

3262 Mr. {Murphy.} The CDC has guidelines for health
3263 monitoring and movement for healthcare workers who have been
3264 treating Ebola patients in Africa. Now, they classify as
3265 some risk those professionals who have had direct contact
3266 with a person sick with Ebola while wearing personal
3267 protective equipment.

3268 You have cited that some people wearing personal
3269 protective equipment have still--

3270 Mr. {Isaacs.} Yes.

3271 Mr. {Murphy.} --contracted Ebola.

3272 Mr. {Isaacs.} Yes, it is an obvious fact, yes.

3273 Mr. {Murphy.} So these some risk individuals have no
3274 mandatory restrictions on travel or public activities, in

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3275 fact, there is no retirement for returning healthcare workers
3276 to self-isolate or avoid public transportation, like subways,
3277 bowling alleys, et cetera. I might want to add, we have done
3278 a survey of Members on this side and every single Member who
3279 asked hospitals in their district has returned comments
3280 saying that all those hospitals said for those first 21 days,
3281 those healthcare workers are not going near a patient. They
3282 will be furloughed, they are to stay home, take their
3283 temperature multiple times a day.

3284 Does Samaritan's Purse healthcare workers follow
3285 guidelines such as this when they return?

3286 Mr. {Isaacs.} Yeah, we actually written our own
3287 protocols and guidelines back in late July when Dr. Kent
3288 Bradley, who has testified here, was coming back. We were
3289 bringing out about 40 people. We contacted CDC and asked
3290 them what their protocols were and, frankly, they told us
3291 just to have our staff check their temperature twice a day,
3292 and if they got a fever, go to the local health department.
3293 We didn't feel that that was adequate because we had just
3294 come through a very serious bout with Ebola, and I think we
3295 probably had a more realistic encounter with it than perhaps

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3296 other people had, and so we created our own protocols.

3297 We check our staff through direct monitoring every day,
3298 four times a day. We have a little bit lower threshold, and
3299 we do keep them in a restricted movement, no touch kind of
3300 protocol for 21 days. And--

3301 Mr. {Murphy.} So you are saying that your protocol goes
3302 beyond the CDC recommendations.

3303 Mr. {Isaacs.} There is no question our protocol goes
3304 beyond the CDC.

3305 Mr. {Murphy.} Well, CDC says it is--that is not
3306 necessary. Do you agree?

3307 Mr. {Isaacs.} Well, you know, all I can say, I mean
3308 there was a question a minute ago about CDC, you know,
3309 disregarding what we were saying. CDC is a large
3310 organization. They create a policy. So if you call them and
3311 say, well, we think we ought to do this, they say, well, that
3312 is not our policy, and then they don't engage any further.
3313 That is just the reality that we have run into, and I don't
3314 mean any disrespect to CDC, I am very appreciative of them,
3315 but for us, we live in a small town, so our national
3316 headquarters is in a town with 40,000 people. What we have

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3317 ran into is that the spouses of some of our returning staff
3318 don't want them coming home. The returning staff don't want
3319 to be around their children. And we don't want to spook
3320 everybody in our community.

3321 Mr. {Murphy.} So you are erring on the side of extra
3322 safety.

3323 Mr. {Isaacs.} We are--yes, sir, we are--

3324 Mr. {Murphy.} Let me ask another thing. This has to do
3325 with discussions I have had with Franklin Graham--

3326 Mr. {Isaacs.} Um-hum.

3327 Mr. {Murphy.} --son of Billy Graham, and highly
3328 respected individuals here, but listed that--there are some
3329 problems for people, the NGOs, the charitable workers, et
3330 cetera, as well as government workers traveling back and
3331 forth to Western Africa. Is that a fact that there are
3332 difficulties with travel?

3333 Mr. {Isaacs.} I think that is one of the greatest
3334 vulnerabilities that the United States has to fight the
3335 disease in West Africa. There is not a dedicated
3336 humanitarian bridge. What has happened, I mean there has
3337 been a lot of talk about, well, a 21-day waiting period would

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3338 make it onerous for volunteers and they wouldn't go. I will
3339 tell you what will make it very onerous is for volunteers not
3340 to have an assurance that they can get a flight out. I
3341 promise you they will not go.

3342 Mr. {Murphy.} How many airlines can currently fly in
3343 and out of Western Africa? I heard it is like Sabrina Air
3344 and--

3345 Mr. {Isaacs.} Well, I think it is 150 or 200 a week,
3346 according to what he was saying. That is general population.
3347 I don't know how many relief workers.

3348 Mr. {Murphy.} But we don't have a bridge for the relief
3349 workers.

3350 Mr. {Isaacs.} There are two airlines that fly in and
3351 out of Liberia. One is Brussels Air, and by the way, when
3352 you get off in Brussels, you just walk, you can go anywhere,
3353 you are not monitored for anything. And the second one is
3354 Air Maroc--Royal Air Maroc. If they should decide it is not
3355 in their commercial interest to continue flying into
3356 Monrovia, then there will become an effective commercial
3357 quarantine on Liberia, then what is the backup plan?

3358 Mr. {Murphy.} Plus, as I understand it, getting

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3359 supplies to West Africa is a huge problem. We understand
3360 that twice they had to lease planes.

3361 Mr. {Isaacs.} We had to have 2 747s--

3362 Mr. {Murphy.} At a cost of?

3363 Mr. {Isaacs.} About \$460,000 a piece, and each one can
3364 take about 85 tons. And but logistics in and out--for cargo
3365 logistics in and out. For people, I think we have a great
3366 vulnerability there. There is one organization that is
3367 flying like a nonprofit. They have done four flights. That
3368 is great but that is not enough.

3369 Mr. {Murphy.} So let me make sure I understand what you
3370 recommend is that the United States or--could help sponsor a
3371 charter flight twice a week from the United States to Africa,
3372 from Africa to the United States, so that workers--government
3373 workers, volunteers, NGOs, et cetera, would have a clear
3374 bridge, which case they could be tested before they get on
3375 the flight, tested during the flight, tested when they land
3376 at one point in the United States, would simplify this whole
3377 process. Am I correct?

3378 Mr. {Isaacs.} I 100 percent support the concept of a
3379 dedicated humanitarian air bridge from the United States

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3380 directly to West Africa. Now, there would be 1,000 details
3381 to work out, but we have a vulnerability. If Brussels Air
3382 stops flying for their commercial reasons, we will have no
3383 air access.

3384 Mr. {Murphy.} Thank you.

3385 I am out of time. I yield to Mr. Green for 5 minutes.

3386 Mr. {Green.} Thank you, Mr. Chairman. And I thank our
3387 panel for waiting today.

3388 And to follow up, I think that it would also be more
3389 certainty because instead of, like you said, going to
3390 Brussels or somewhere else, and just walking around, it would
3391 be the testing, and I assume these healthcare workers would
3392 love to have that because they don't want--like you said,
3393 they don't want to infect their own families.

3394 Dr. Lakey, let me thank you, because I know a few--in
3395 October, there was a lot of--seemed like unusual statements
3396 being made about Ebola, but I have--when the State of Texas
3397 made the decision on how you would develop the protocols
3398 right after that, I appreciate that because it really sounded
3399 like everybody was getting back to normal and saying, okay,
3400 we--this is an illness, we are going to deal with it, and

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3401 this is how we can do it. So I appreciate the state doing
3402 that, and--but let me go on with some questions.

3403 Dr. Gold, one of the interests I have, and I said
3404 earlier, is that how did the University of Nebraska develop
3405 this facility. I think it was opened or--in '05 and was was
3406 it a combination of state, local, university funds, federal,
3407 to develop the largest containment lab in the country?

3408 Dr. {Gold.} Thank you. The unit was opened in 2005.
3409 It was planned shortly after the 9/11 events, the anthrax
3410 scares, and it was done predominantly on university funds, to
3411 some small extent on state funds, and I believe there were
3412 some federal Department of Defense dollars involved in the
3413 planning as well. However, very importantly, the maintenance
3414 of the staff, which costs us approximately between 1/4 and
3415 1/3 million dollars a year to maintain the preparedness, has
3416 been totally borne by the university and the medical center.

3417 Mr. {Green.} Well, I appreciate that leadership, and I
3418 am just surprised that no other university would take that
3419 lead, and I appreciate Nebraska doing--now, my colleagues,
3420 both Congressman Terry and Joe Barton, know my daughter is
3421 there and she was recruited to come up there in '09 to--and I

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3422 appreciate--well, and although when she told me back in the
3423 '90s she wanted to be an infectious disease doctor, I said I
3424 don't want you to treat me for anything you know about. But
3425 she is like most medical professionals. That is her job.
3426 And we want to make sure we protect them to do that.

3427 And--but Nebraska center now has treated several
3428 patients, and what is the spending that is required to
3429 prepare the hospital to treat an Ebola patient?

3430 Dr. {Gold.} The direct costs that we have experienced,
3431 and we have compared notes pretty closely with Emory and we
3432 are not far apart, is approximately \$30,000 per day for each
3433 patient admitted. The average length of stay, I guess it
3434 went down over the weekend a good deal, but for the two
3435 patients that went home, was 18 days--

3436 Mr. {Green.} Yeah.

3437 Dr. {Gold.} --and they were both treated in the
3438 relatively early stages of their disease. And that is the
3439 direct cost of equipment, supplies, nursing care, et cetera.
3440 And as I say, that is extremely close to the number that the
3441 folks at Emory have come up with. That does not include the
3442 cost of the preparation, which I just referred to, and it

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3443 does not include the cost of what I would call the
3444 opportunity cost, which is this is a 10-bed unit that is
3445 otherwise used for medical, surgical admissions, that would
3446 otherwise be completely full with routine patients receiving
3447 their care.

3448 Mr. {Green.} Okay. Okay. Are the policies that were
3449 in place prior to the current Ebola outbreak still in use, or
3450 has the University of Nebraska Medical Center made changes to
3451 its protocol and guidelines based on literally real-life
3452 experiences?

3453 Dr. {Gold.} We do evolve our policies and procedures.
3454 We learned a lot from each of the patients, particularly the
3455 first patient that we housed. We, for instance, put a
3456 completely self-contained laboratory unit into the bio-
3457 containment unit so that laboratory specimens are not
3458 transported outside of the unit. We are also very
3459 privileged, and I note there has been a lot of discussion
3460 about waste management, is we decontaminate all of the waste
3461 as it leaves the unit so there is no transportation of any
3462 infectious waste material outside of the unit, which makes it
3463 much safer for the community, and it also makes it much less

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3464 expensive and--for us to have that built into the unit. And
3465 this is only because the unit was planned as it was
3466 constructed prior to 2005, understanding that the disposal of
3467 infectious waste would, indeed, be a big problem from
3468 logistical as well as expense, and, therefore, it was self-
3469 contained.

3470 Mr. {Green.} Mr. Chairman, I know I am out of time, and
3471 I appreciate--because where we were at 6 weeks ago, or--we
3472 have actually evolved and I am glad the experiences, we are
3473 actually learning from them. And I appreciate our panels
3474 being here today.

3475 Mr. {Murphy.} Thank you. Gentleman yields back.
3476 Now recognize Dr. Burgess for 5 minutes.

3477 Dr. {Burgess.} Thank you, Mr. Chairman. I want to
3478 thank all of our witnesses for being here today, and bearing
3479 with us through what has been a very long but a very
3480 informative hearing.

3481 Dr. Gold, there is a difference though between the type
3482 of patient you get at your center, because they are referred,
3483 they are--because there is not a direct access where someone
3484 thinks, oh, I have Ebola, I am going to go to Dr. Gold's

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3485 center in Omaha. Mr. Duncan came through the Presbyterian
3486 emergency room with all of the other patients that came in
3487 that Thursday night, and had to be--I mean we had--his case
3488 had to be widowed out of all of the other load that was in
3489 the emergency room, but in your situation, a patient only
3490 comes after they have been identified, is that correct?

3491 Dr. {Gold.} Thus far, the patients that we have
3492 admitted to the bio-containment unit have all come with a
3493 diagnosis, a PCR diagnosis of Ebola. However, given our
3494 national reputation, the number of phone calls, emails, even
3495 emergency room visits has actually been quite interesting
3496 with people with febrile illnesses saying please tell me if I
3497 have Ebola.

3498 Dr. {Burgess.} Well, let me just ask you about that
3499 then. So then patients who arrive in your emergency room--I
3500 mean you outlined how you have, you know, almost a dedicated
3501 laboratory handling of the specimens from an Ebola patient,
3502 but that is someone you know about. If somebody comes to the
3503 emergency room and they have fever, they have a headache, and
3504 they have all of these other complaints, I mean in addition,
3505 if someone thinks to do the PCR Ebola test, but in addition,

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3506 they are going to get a CBC, they are going to get a
3507 urinalysis, they are going to get any number of other blood
3508 tests, and these tests would go through the normal auto-
3509 analyzers in the lab without knowing that that patient
3510 actually had an Ebola possibility, or is that, in fact,
3511 separated out of your emergency room?

3512 Dr. {Gold.} Yes, sir, we have put protocols in place,
3513 and we have also widely shared them for triage screening in
3514 the emergency department if there is any suspicion that a
3515 patient either has a travel history or a symptom complex,
3516 they are immediately sequestered, there is a specific nursing
3517 protocol with personal protective equipment, et cetera.
3518 There is a notification of the team, and the laboratory
3519 specimens are processed through the bio-containment unit
3520 facilities, and then decontaminated as if they were positive,
3521 even before we know the results of the PCR. And we are doing
3522 PCR testing on-site now, which makes it a lot faster and a
3523 lot easier, otherwise it would have taken days previously.

3524 Dr. {Burgess.} But again, I would just point out that I
3525 mean your--that is in a perfect world. In the rough and
3526 tumble, Buford, Texas, ER, that--all of those protocols would

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3527 not immediately be available.

3528 And we will get back to that, but, Mr. Isaacs, I just
3529 have to ask you, I mean that Typhoid Mary analogy that you
3530 used, that is the first time I have heard of that. Now, we
3531 all remember Typhoid Mary of lore, and she actually had the
3532 ability to infect people. Do your Typhoid Marys carry the
3533 ability to infect people when they themselves are
3534 asymptomatic?

3535 Mr. {Isaacs.} We don't know. That is the question.
3536 Now, Typhoid Mary, in the case of her, she was dealing with a
3537 bacterial infection--

3538 Dr. {Burgess.} Right.

3539 Mr. {Isaacs.} --but what I do know for a fact is that
3540 there have been a number of asymptomatic, non-feeble people
3541 whose blood had been drawn and it tested positive. And I
3542 think that there is something about the PCR test that, you
3543 know, I heard Dr. Frieden say, in medicine, you never say 100
3544 percent. But the thing with Ebola, if you don't bat 1,000
3545 every day, somebody dies.

3546 Dr. {Burgess.} Right.

3547 Mr. {Isaacs.} And--

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3548 Dr. {Burgess.} And someone else is exposed.

3549 Mr. {Isaacs.} Yes. My point in saying all of that is
3550 not to raise fear, but it is saying that we need to go to
3551 Africa and beat the disease over there.

3552 Dr. {Burgess.} Yes, sir.

3553 Mr. {Isaacs.} We need to keep it contained.

3554 Dr. {Burgess.} You know, you raise a point of 2 of your
3555 doctors were infected and you weren't sure why. We had 2
3556 nurses in Dallas were infected and we are not sure why. And,
3557 again, that just underscores that there is probably more not
3558 known about this disease than what is known, and that is,
3559 again, why I began this with, we all ought to step back and
3560 have a little bit of humility. I would even extend that to
3561 Mr. Waxman. I mean he doesn't--he is not known for his
3562 humility. We all have to have a little humility in dealing
3563 with this.

3564 Dr. Lakey, I just have to ask you. What you did in
3565 Dallas to sort of restore good order and discipline at a
3566 point where it really almost veered toward being out of
3567 control, I mean it took a lot of courage to exercise those
3568 control orders on the individuals when you did that, and I

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3569 will admit to being somewhat surprised turning on the news
3570 and hearing that that had happened. What were some of the
3571 things that went through your mind as you developed that?

3572 Dr. {Lakey.} So we don't take control orders lightly,
3573 and so--in Texas, I can put a control order, it is not
3574 enforceable until I get a judge to enforce it. But we have
3575 to get the monorail done in an event like this. We have to
3576 make sure that people do not have fever, and if I could not
3577 get that done the way that I needed to protect the public's
3578 health, I take protecting the public's health extremely
3579 seriously, and so we put a control order in place. Now, if
3580 you do that, you need to make sure that you provide the
3581 support services around that individual to make sure that
3582 there is food, other support there so you can make sure it is
3583 as humane as possible.

3584 With the nurses, we--you know, following the nurse that
3585 became infected we, again, needed to make sure we had
3586 monitoring in place. We also, as we looked and stratified
3587 the risk, it looked to me like the biggest risk would be
3588 inside that room with Mr. Duncan, and so for those
3589 individuals, we said it is best during this time period that

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3590 you don't go into large public congregate settings, movie
3591 theaters, churches, et cetera. It becomes a very large
3592 epidemiological evaluation when that occurs, if
3593 unfortunately, somebody becomes infected. And we were able
3594 to work with that staff, and they took this very seriously to
3595 be able to limit their movement for the highest risk in
3596 individuals.

3597 Dr. {Burgess.} Very good.

3598 And, Dr. Gold, are your patients reimbursed by insurance
3599 or, are you reimbursed by insurance when patients are
3600 referred to you?

3601 Dr. {Gold.} We are in the process of having those
3602 discussions with the insurance carriers and with their
3603 employers, but to date, we have been unsuccessful in any
3604 reimbursement through a commercial carrier. And I can't
3605 really tell you whether anything has happened in the last 24
3606 to 48 hours, of course, but they have not responded.

3607 Dr. {Burgess.} Thank you. I appreciate that.

3608 Mr. {Murphy.} Now, Mr. Waxman, recognized for 5
3609 minutes.

3610 Mr. {Waxman.} Thank you, Mr. Chairman. I will take

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3611 five and maybe take an additional two, like we saw with the
3612 other question there.

3613 Earlier this month, President Obama sent to Congress a
3614 \$6.2 billion supplemental budget request to enhance the U.S.
3615 Government response to the Ebola outbreak. The President's
3616 request is intended to both--fund both immediate and long-
3617 term needs in the United States and West Africa.

3618 Dr. Gold and Dr. Lakey, you can both speak to the
3619 readiness of our public health system here in the United
3620 States. The President's budget request designated \$621
3621 million to CDC for domestic response, including funding for
3622 state and local preparedness, enhanced laboratory capacity,
3623 and infection control efforts. It also designates \$126
3624 million for hospital preparedness.

3625 Dr. Lakey, can you comment on the need for additional
3626 funding for state and local public health authorities, what
3627 are the top funding priorities?

3628 Dr. {Lakey.} Thank you, sir. As I outlined in my
3629 comments, the state public health, local public health is
3630 having to do a lot of work right now. A laboratory response
3631 network, having a laboratory system out there so we can

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3632 rapidly diagnose individuals is essential for us to make the
3633 diagnosis and isolate individuals.

3634 The epidemiologists that contact individuals, talk to
3635 them, figure out the risk, is essential. The hospitals
3636 having pre-designated facilities so we can care for those
3637 individuals is very, very important. This isn't the only
3638 event. We have had multiple events; West Fertilizer
3639 explosion, Hurricane Ike, et cetera. That system, to be able
3640 to rapidly respond, is essential. Now, a lot of that is paid
3641 for by HPP funds. My HPP budget was reduced by 36 percent
3642 this last year. And that pays for the training, the
3643 education, the things that take place in order for the
3644 hospital systems to be ready.

3645 Mr. {Waxman.} Um-hum. I wanted to ask Dr. Gold for his
3646 response. Would additional funding assist in hospital
3647 preparedness, and give us some examples of areas where
3648 additional funding would be helpful.

3649 Dr. {Gold.} I think the additional funding would be
3650 helpful to build the educational programs, to get the
3651 referral centers, as well as community hospitals completely
3652 up-to-speed. The additional fundings will allow to scale

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3653 response in event we need to bring American soldiers or other
3654 volunteers back to the United States. Additional funding
3655 will be used to create preparedness for future infectious
3656 crises of this nature, for which we currently do not have
3657 resources, and to build a sustainable infrastructure such as
3658 convalescent serum reserves, such as core laboratory testing,
3659 et cetera--

3660 Mr. {Waxman.} Um-hum.

3661 Dr. {Gold.} --so that we have and sustain a national
3662 preparedness level.

3663 Mr. {Waxman.} Thank you.

3664 I want to pivot now to the funding for international
3665 efforts. Mr. Isaacs, Samaritan's Purse has been on the
3666 ground in Liberia since March, and understands the
3667 environment there. I want to talk to you about the NGO
3668 perspective on continuing needs and efficient use of
3669 resources. What are the main priorities on the ground in
3670 West Africa, and what resources are needed to accomplish
3671 those efforts?

3672 Mr. {Isaacs.} So if I may just add something to what
3673 you said. We have actually been there for 11 years--

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3674 Mr. {Waxman.} Yeah.

3675 Mr. {Isaacs.} --and the disease broke out in March, so
3676 we have a large footprint, we have 350 staff, about 20 ex-
3677 patriots, we have aircraft there, we have a lot of capacity
3678 in the country. And when the disease broke out, we were 100
3679 percent focused on fighting it.

3680 What we are seeing today that we think that other
3681 resources are needed for, this is very practical but you know
3682 what, logistics are everything, and there is a lot of
3683 discoordination and confusion right now between the UN
3684 players, UNHAS, UNAMIR, and the DoD about gaining access to
3685 airlift. There are no protocols in place about moving blood
3686 samples, so if CDC goes out into an area and identifies a new
3687 village, and there are 10 or 12 people who test positive,
3688 they call us in because we have assembled rapid response
3689 teams. We are not able--

3690 Mr. {Waxman.} Um-hum.

3691 Mr. {Isaacs.} --to take the blood samples out to other
3692 aircraft, we have to move them out by land. A rapid
3693 diagnostic test is one of the greatest things that are needed
3694 there, and I think, frankly, that if the U.S. Military was

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3695 running the coordination cell, things would get much--

3696 Mr. {Waxman.} Okay.

3697 Mr. {Isaacs.} --would be done quicker.

3698 Mr. {Waxman.} Well, the U.S. is helping in--committed
3699 to helping in Liberia, and has provided personnel, resources
3700 and funding. As we continue our aid efforts, we must also
3701 keep in mind the need for a flexible response. Initial
3702 reports indicate that there are empty beds in Ebola treatment
3703 units in Liberia, so the aid efforts have adjusted
3704 accordingly to monitor occupancy and only build additional
3705 ETUs as needed.

3706 Mr. Chairman, I hope that we can join together to
3707 quickly pass the President's budget request. We heard from
3708 this panel and we heard from our first panel about the
3709 urgency of the task at hand, and the public health
3710 catastrophe that will occur in West Africa if we fail to do
3711 so.

3712 Thank you very much, and yield back the balance of my
3713 time.

3714 Mr. {Murphy.} I appreciate that. Certainly, I would
3715 like to see that happen too, and I hope you also take a

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3716 careful look what Mr. Isaacs' group is also looking at. They
3717 need a bridge to move people back and forth because that is a
3718 struggle right now.

3719 Mr. {Waxman.} Um-hum.

3720 Mr. {Murphy.} Now recognize Mr. Long for 5 minutes.

3721 Mr. {Long.} Thank you, Mr. Chairman. And I thank you
3722 all for being here, and not only that, but what you do on a
3723 day-to-day basis because I for one really appreciate it.

3724 Dr. Gold, you said--well, let me ask you something
3725 before that. Dr. Martin Sali, is that how it is pronounced?

3726 Dr. {Gold.} Yes, Salia.

3727 Mr. {Long.} Salia. Dr. Salia was taken to your
3728 facility, correct?

3729 Dr. {Gold.} Yes.

3730 Mr. {Long.} And the reports that we got on the news,
3731 turned on the radio and they said that there was a doctor
3732 with Ebola that was very critical, was the first thing I
3733 thought, and I probably had the same thought as a lot of
3734 people that that is probably not a good thing when they say
3735 that he is very critical. He later deceased just a few days
3736 later. What--and I apologize, I had to step out of the room

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3737 for a few minutes, which I normally don't do, I am usually
3738 here for the whole duration of these hearings, but was there
3739 a reason that he was delayed coming to this country for
3740 assistance, for help? Do we know, because that seems strange
3741 that he would be that far gone, so to speak, before they
3742 would think about flying him out?

3743 Dr. {Gold.} It is unclear to us what the logistics were
3744 that might have delayed it. The--as we are told, that he had
3745 an initial blood test for Ebola that was negative, and only 3
3746 days later did he test positive. And when he tested
3747 positive, there was a period of time before at least we were
3748 contacted, I don't know whether the transportation
3749 organizations or the State Department were contacted, but
3750 from the time we were contacted, the plans for transfer were
3751 put into place virtually immediately.

3752 There was also a good deal of uncertainty how stable he
3753 was immediately prior to transfer, but once the decision was
3754 made to transfer him, rest assured that he got every
3755 conceivable treatment.

3756 Mr. {Long.} I am sure he did, and I wasn't implying
3757 that at all, but I was just curious as to why they waited as

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3758 long to try and get him a--because when I heard that first
3759 radio report--

3760 Dr. {Gold.} I am told--

3761 Mr. {Long.} --and they said he was very critical--

3762 Dr. {Gold.} --that is not uncommon for people to test
3763 negative during--even when they are symptomatic. We have
3764 heard about other people who have tested positive who were
3765 asymptomatic. This is not 100 percent certainty disease, and
3766 we are learning an awful lot about the spectrum of how
3767 symptomatic people get, versus their viral levels, et cetera.

3768 Mr. {Long.} Let me stay with you, Dr. Gold, and switch
3769 up the topic just a little bit. You said in your written
3770 testimony that you have coordinated extensively with the CDC
3771 and HHS on readiness and treatment. Can you tell us more
3772 about that collaboration, on what specific issues have you
3773 advised the Administration?

3774 Dr. {Gold.} We are working with Emory, with the CDC and
3775 with ASPR on standing up educational protocols, visiting
3776 other institutions across the United States to help them
3777 enhance their readiness, hosting teams from other
3778 institutions across the United States. In Nebraska, we have

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3779 recently had a team of 9 or 10 people from Johns Hopkins
3780 University, as well as putting together a series of protocols
3781 that would be used for, if you will, accreditation or
3782 certification of readiness, and maintenance of readiness.

3783 Mr. {Long.} And when you say you have advised the
3784 Administration, have you spoken with Mr. Klain, the new czar-
3785 -the Ebola Czar?

3786 Dr. {Gold.} Yes, sir, several times.

3787 Mr. {Long.} Okay, and did the Administration, did they
3788 incorporate or accept your recommendations, and did they
3789 reject any of your recommendations?

3790 Dr. {Gold.} We are working specifically with Dr. Lurie,
3791 who was your guest here a little bit earlier, and we speak
3792 probably daily on the development of these protocols. There
3793 is a conference call that is scheduled for Friday--

3794 Mr. {Long.} So you feel they are accepting your
3795 recommendations?

3796 Dr. {Gold.} Thus far, yes, sir.

3797 Mr. {Long.} Good, okay. And, Mr. Isaacs, we were
3798 talking about earlier, or you were in your testimony, people
3799 traveling on planes and being checked temperature-wise every

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3800 so often, three times a day, did you say, or what were--

3801 Mr. {Isaacs.} Our staff are under protocol to take
3802 their temperature four times a day.

3803 Mr. {Long.} Their own personal temperature?

3804 Mr. {Isaacs.} No. We actually have staff in our Ebola
3805 taskforce that call them every day, and we keep a log of it.
3806 I could call my office right now and tell you where every one
3807 of our people are--

3808 Mr. {Long.} But you are talking about your staff, not
3809 their patients?

3810 Mr. {Isaacs.} Yes, our staff.

3811 Mr. {Long.} Okay.

3812 Mr. {Isaacs.} Not--

3813 Mr. {Long.} Okay. I got you, okay.

3814 Mr. {Isaacs.} We are just monitoring their health.

3815 Mr. {Long.} Right. Okay, good. Okay, I misunderstood
3816 earlier because I--you hear these reports about well, we will
3817 check their temperature when they get off the plane. I think
3818 we need to do a travel ban, as I have mentioned before, but
3819 if they say, well, take their temperature, and then they say
3820 they cannot be symptomatic, not have a temperature and still

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3821 have Ebola, so my question is probably invalid since you are
3822 talking about your staff.

3823 But anyway, thank you all again for your service and
3824 what you do, and for being here today.

3825 Mr. Chairman, I yield back.

3826 Mr. {Murphy.} Thank you.

3827 Mr. Griffith, you are recognized for 5 minutes.

3828 Mr. {Griffith.} Thank you, Mr. Chairman, I appreciate
3829 that. Thank you all for being here, and thank you, Mr.

3830 Isaacs, for the work that you all have been doing there for
3831 11 years. Samaritan's Purse--

3832 Mr. {Isaacs.} Thank you.

3833 Mr. {Griffith.} --is a good organization, and
3834 appreciate what you all have done--

3835 Mr. {Isaacs.} Thank you.

3836 Mr. {Griffith.} --not just there, but around the world.

3837 Speaking of that, in your written comments, you said many
3838 public health experts are telling us that we know the
3839 disease, how to fight it, and how to stop it. Everything we
3840 had seen in the current--in this current outbreak, however,
3841 suggests we do not know the science of Ebola as well as we

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3842 think we do. I touched on this earlier in the previous
3843 testimony related to, I believe, the reservoir species is
3844 what Dr. Frieden was talking about, and that we don't know
3845 the full extent of the reservoir species. And you touched on
3846 that in your written testimony as well, and you asked
3847 questions can the virus live in other mammals besides
3848 primates, bats, rodents and humans, and you attached a study
3849 that related to pigs. Did--do you ask this question because
3850 your people on the ground have some questions, or just
3851 because it is a blank slate and we really don't have much
3852 research on it?

3853 Mr. {Isaacs.} I think that Ebola is potentially a much
3854 more serious disease than it is given respect for. What we
3855 are seeing is that it is flexible, it is deceptive, it is
3856 sneaky, it is agile, and every time somebody things they have
3857 it figured out, it shows us something new. And I think that
3858 we as a society cannot make assumptions that we know what it
3859 is and what it will do. I think that we need to be
3860 extraordinarily careful about letting it come onto this
3861 shore. And while it is true that when it has come here, we
3862 quickly identified it and isolated it, the truth is, as these

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3863 doctors could tell you, particularly the gentleman from
3864 Texas, that if he had 10 or 20 or 50 cases down there, it
3865 would consume his capacity to isolate it. And so while we
3866 can isolate it, if it were to get out from under us, it would
3867 quickly exceed our capabilities, and that is why I think it
3868 is so extremely important to invest resources to fight and
3869 stop this disease in Africa before it gets off that continent
3870 in a major way.

3871 Mr. {Griffith.} And I appreciate that. Have any of
3872 your people there in Africa indicated to you that they are
3873 concerned about animals that might be carrying the disease,
3874 or is that just a question--

3875 Mr. {Isaacs.} We live Ebola 24 hours a day. It is all
3876 we talk about. We talk about it all.

3877 Mr. {Griffith.} Right.

3878 Mr. {Isaacs.} And, yeah, we are worried about it. We
3879 don't know. Evidently, in Spain, they thought the little
3880 dog--they killed it. In Texas, you put it in isolation, and
3881 I am glad the lady got her dog back, I am a big guy, but the-
3882 -who knows if it--maybe there is some science on this, but I
3883 think that we don't know.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3884 Mr. {Griffith.} Well, I would refer you to a study that
3885 came out in March of 2005 in the Emerging Infectious Disease-
3886 -I guess that is the name of the publication, but it is a CDC
3887 publication. I would be happy to get you a copy of it, and
3888 it is available, where they talk about the potential of dogs,
3889 and it says that although dogs can be asymptotically
3890 infected, in other words, they don't get the disease, and
3891 sometimes the science gets confused on television, they don't
3892 get the disease but they are carrying the antibodies for the
3893 disease, and this study says asymptotically infected dogs
3894 could, doesn't say they are, could be a potential source of
3895 human Ebola outbreaks and a virus spread during human
3896 outbreaks, which would explain some epidemiologically
3897 unrelated human cases. And it goes on and it talks about
3898 there are cases in the past in Africa where they don't have
3899 any idea where the disease came from. And I asked Dr.
3900 Frieden about that, and he said that, you know, maybe bats,
3901 but they still don't know what all the reservoir species are.

3902 In a prior hearing before today, when we were here in
3903 October, I said, you know, what are we doing about animals
3904 coming into this country, and it was more or less laughed

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3905 off, but it is a concern, wouldn't you agree, Mr. Isaacs?

3906 Mr. {Isaacs.} I do agree, and I will tell you why it is
3907 so important. It--this is not the flu, this isn't influenza,
3908 this is a disease that kills 70 percent of the people that
3909 get it. And the--if you look at what the disease has done
3910 this year, and the--you know, 5,550 people dead, 13,000
3911 cases, that is extraordinary. And none of us have swam in
3912 these waters before, and I don't think that we can use case
3913 studies that come from 1976 today to make assumptions about
3914 an unprecedented event that crosses national boundaries. It
3915 is now in Mali. When you look at the disease, the caseload
3916 may be going down in Liberia, but the disease is, in fact,
3917 spreading geographically. We fear that very soon we will see
3918 it in Sierra Leone, and it has already been identified in
3919 Mali.

3920 Mr. {Griffith.} Well, and I appreciate your comments on
3921 that, and I liked your term travel management because I do
3922 believe we want people to be able to get there to provide
3923 humanitarian relief, like your organization does. At the
3924 same time, I think we have to be very, very careful.

3925 And with that, Mr. Chairman, I yield back.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3926 Mr. {Murphy.} Gentleman yields back.

3927 Now recognize Mr. Tonko for 5 minutes.

3928 Mr. {Tonko.} Thank you, Mr. Chair.

3929 State and local health departments and local hospitals
3930 serve at the frontlines for treatment and containment of
3931 infectious diseases in the United States. In the case of
3932 Thomas Duncan in Dallas, the country saw the challenges faced
3933 by local health departments and local hospitals dealing with
3934 an unexpected infectious disease.

3935 So, Dr. Lakey, now that you have had some time to
3936 reflect on Mr. Duncan's case and how it was handled, can you
3937 talk about some of the challenges Texas Health Presbyterian
3938 Hospital faced in terms of preparedness?

3939 Dr. {Lakey.} Yes, sir. I think the first challenge was
3940 to recognize the first case ever in the United States. A
3941 rare disease in the United States. Everyone was watching
3942 what was occurring in Africa, but to think that that was
3943 going to occur in your emergency room on a busy night was a
3944 challenge. I think there was a challenge related to the
3945 national strategy, and I say national because there are
3946 experts outside of government that review those strategies

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3947 to--on infection control. But the assumption that any
3948 community hospital can care for an individual that has that
3949 much diarrhea, that much vomiting, with that much virus in
3950 those fluids I think was a faulty assumption, that it took a
3951 really dedicated team to be able to care for that individual.

3952 I think one of the lessons learned was healthcare
3953 nurses, physicians, they take their responsibility extremely
3954 seriously, and they showed up to take care of Mr. Duncan and
3955 their colleagues. I think a lot of people were worried that
3956 healthcare wouldn't show up, that healthcare providers would
3957 not show up, but they showed up.

3958 Mr. {Tonko.} Um-hum.

3959 Dr. {Lakey.} I think there was a lesson related to the
3960 level of personal protective equip. The--and that was
3961 changed, and so the higher level personal protective equip,
3962 and I think we learned that you can--you don't have to wait
3963 for a temperature of 101.5 to diagnose the individuals. We
3964 lowered that temperature threshold just because we wanted to
3965 make sure we identified individuals early, and we identified
3966 them with temperatures of about 100.6, 100.8, which, by the
3967 previous guidelines, wouldn't have met the criteria for

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3968 testing. So those are just some of the lessons, sir.

3969 Mr. {Tonko.} And in what ways could the Dallas and the
3970 Texas State Public Health Departments have been better
3971 prepared to handle an unexpected case of Ebola or any
3972 infectious disease?

3973 Dr. {Lakey.} Yeah. So I think there are several
3974 components to that. I think the, you know, necessity to
3975 train, you know, I think health departments across Texas and
3976 across the Nation had been preparing. There was a lot of
3977 information that we had been sending out, but that is
3978 different than saying this is a real event and I have to be
3979 ready right now. I think one of the things that we are doing
3980 right now to make sure we improve our preparedness is not
3981 only making sure that all hospitals are ready to think that
3982 Ebola is possible, and in the differential diagnosis,
3983 isolating those individuals and informing individuals, but
3984 make sure that there is a system across the state where those
3985 individuals then can be seen and be tested before you get to
3986 a level of a hospital that can care for those individuals.
3987 No hospital wants to be an Ebola hospital. You know, it is
3988 just hard on your, you know, getting other individuals into

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3989 your emergency room if you are labeled the Ebola hospital.

3990 And so there is some reluctance across the United States to

3991 step up and be that facility, but that is one of the things

3992 that we are working on right now.

3993 Mr. {Tonko.} Thank you.

3994 Dr. Gold, as you said in your testimony, University of

3995 Nebraska Medical Center is recognized as a national resource

3996 for your readiness to provide care for Ebola patients. You

3997 have successfully treated Ebola patients, and just last week

3998 another patient who sadly passed away was brought to your

3999 facility for treatment. Can you briefly describe the

4000 protocols and procedures UNMC had in place that ensured staff

4001 was appropriately prepared to care for Ebola patients?

4002 Dr. {Gold.} Yes, sir. Since the unit was stood up in

4003 2005, the staff of between 40 and 50 people has been

4004 sustained. And that staff meets on a monthly basis to go

4005 over policies and procedures, emerging trends in Africa and

4006 South America, et cetera, and as well as works closely with

4007 the military through STRATCOM and the Offutt Base. But that

4008 team also drills 4 times a year, and they do real exercises

4009 in the community with waste disposal, with paramedic

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

4010 transport, et cetera.

4011 We have--we also practice donning and doffing, use of
4012 various types of personal protective equipment, dialysis,
4013 respiratory management, et cetera. So all of the typical
4014 procedures and protocols are not only learned but actually
4015 practiced hands-on, real time four--at a minimum four times a
4016 year for every staff member.

4017 Mr. {Tonko.} Thank you very much. Mr. Chair, I yield
4018 back.

4019 Mr. {Murphy.} Thank you.

4020 Mr. Terry, 5 minutes.

4021 Mr. {Terry.} Thank you.

4022 Dr. Gold, what are the costs and impacts of being
4023 prepared when you are preparing and practicing 4 times a
4024 year, when all of those pieces within the community are also
4025 participating?

4026 Dr. {Gold.} The actual out-of-pocket costs are--have
4027 been calculated to be between \$250,000 and \$350,000 a year to
4028 maintain the core team of nursing support, techs, respiratory
4029 therapists, et cetera. That does not count the in-kind time
4030 that our physicians and other leaders put into it, as well as

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

4031 does not count the time of the maintenance of the unit, the
4032 air handlers, water supply, autoclaves, maintenance of stock
4033 of equipment, et cetera. That is just the personnel time
4034 that goes into maintaining the readiness.

4035 Mr. {Terry.} And in your opening statement, and I
4036 hinted this in my--one of my questions to the CDC, is that
4037 for the level of facilities that UNMC and Emory are, and when
4038 you train and practice like this, there should be some
4039 maintenance funds to offset those costs.

4040 Dr. {Gold.} Well, we certainly agree with that. I
4041 believe that the CDC over time has had a relationship with
4042 the Emory organization, predominantly to protect the
4043 employees of CDC that work with highly infectious agents in
4044 their testing laboratories and around the world.

4045 We have not had that type of relationship, and would
4046 think it would be appropriate perhaps through the UR
4047 instructor or through some other vehicle that exists.

4048 Mr. {Terry.} Are you being homered?

4049 Dr. {Gold.} Sorry?

4050 Mr. {Terry.} Emory being in Atlanta and CDC being
4051 there, is that--are they just giving money to the hometown

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

4052 hospital--

4053 Dr. {Gold.} I think they needed a--

4054 Mr. {Terry.} --or is there some contractual--

4055 Dr. {Gold.} --just like we need a way to take care of
4056 our employees if something tragic were to happen and they
4057 were to become ill, they need a way to manage their employees
4058 as well, and I think that was the original basis of the
4059 relationship. We would--

4060 Mr. {Terry.} Okay.

4061 Dr. {Gold.} --very much enjoy a similar relationship.

4062 Mr. {Terry.} And I think you are on equal, if not
4063 better, footing, medically speaking at least.

4064 Speaking of that, just to pick your brain a little bit
4065 here, and maybe someone has already done this, but you have
4066 had 2 successful patients that got to hug all the doctors and
4067 nurses that helped them, and then we had the last patient
4068 that came in that appeared from the TV video to be in super
4069 critical condition. What, in your opinion, is the reason
4070 that perhaps this later--this physician--latest patient
4071 passed away? Any takeaways from being how you were able to
4072 treat the first patients versus this one that came in a more

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

4073 critical condition? Any lessons learned?

4074 Dr. {Gold.} I think the most important lesson learned
4075 is that the early we have access to treat any patient here or
4076 in Africa, the better the yield is going to be.

4077 This particular patient had renal failure, liver
4078 failure, was unconscious when he arrived in the United
4079 States, and what we have learned is that those are all very
4080 bad predictors of outcome. The earlier patients that we
4081 cared for did have early organ failure, but were reversible
4082 through good supportive care, and they all received
4083 experimental medication, as did this patient, but I believe
4084 that the organ system failure we dealt with over the weekend
4085 was just far too extreme.

4086 Mr. {Terry.} So I mean with just this one example, it
4087 is probably not certain, but is there just a point of no
4088 return with an Ebola patient, their organs have already shut
4089 down, is there a way of making--of treating them so they can
4090 survive, or is it just at that point not survivable?

4091 Dr. {Gold.} I don't think it is possible to predict.
4092 Young people, this gentleman was in his early 40s, and the
4093 thinking was that it was worth an all-out effort to attempt

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

4094 to save him. And I don't think, if you could take the exact
4095 same patient twice, that you could predict the outcome.

4096 Mr. {Terry.} Yeah. Very good. Appreciate it. And,
4097 Dr. Gold, you and Nebraska Medicine and UNMC make us proud.
4098 I appreciate all of your efforts.

4099 Dr. {Gold.} We have a great team. Thank you, sir.

4100 Mr. {Terry.} You do. With Mr. Green's daughter.

4101 Mr. {Murphy.} Gentleman yielding back?

4102 Mr. {Terry.} I yield back.

4103 Mr. {Murphy.} All right, I will recognize Mr. Green for
4104 1 minute of wrap-up.

4105 Mr. {Green.} Thank you, Mr. Chairman. I ask unanimous
4106 consent to place in the record a statement by the AFSCME, the
4107 American Federation of State, County and Municipal Employees,
4108 urging Congress to support the President's emergency funding
4109 of \$6.1 million.

4110 Mr. {Murphy.} Without objection.

4111 [The information follows:]

4112 ***** COMMITTEE INSERT *****

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

|

4113 Mr. {Green.} And, Mr. Chairman, I want to thank my
4114 panel--both panels today. I know the first one is gone--

4115 Mr. {Murphy.} Can't hear you.

4116 Mr. {Green.} I just appreciate the--our witnesses being
4117 here, but also for the panel that was put together, and that
4118 is what our Oversight and Investigation Committee is supposed
4119 to be doing, and I appreciate it. But to follow up on my
4120 colleague, I am the first time in history that the
4121 intelligence from your children went back down the tree, and
4122 so I just appreciate that the first time in many times.
4123 Thank you.

4124 Mr. {Murphy.} So noted for the record.

4125 I want to thank this panel--you can have a--are you
4126 going--give you 30 seconds here. Go ahead. Mr.--Dr.
4127 Burgess.

4128 Dr. {Burgess.} Well, I was going to thank the panel
4129 too. I mean I have been through a number of these hearings.
4130 Our committee, of course, has done hearings. I was allowed
4131 to sit in Homeland Security when they did a field hearing in
4132 Dallas. I sat through the hearing on foreign affairs last

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

4133 September. This has been the most informative panel that I
4134 have had the pleasure to hear from, and I really appreciate--
4135 I know it was a long day and I know we made you wait a long
4136 time, but I really appreciate you guys sticking with us and
4137 sharing with us the information that you shared because it
4138 has been absolutely critical.

4139 And I will yield back.

4140 Mr. {Murphy.} Thank you, Doctor.

4141 I want to add to that. I almost had the feel that the
4142 first panel we had today was spiking the ball. We got this
4143 and we can be confident. And I don't agree. After we had
4144 our hearing several weeks ago, put forth several
4145 recommendations, among them we needed some level of travel
4146 restrictions. People ought to be isolated for 21 days, and
4147 what I hear, Mr. Isaacs, Dr. Lakey, I don't know if it is the
4148 same for Dr. Gold, not only did you do that along with the
4149 hospitals of so many colleagues, but your employees didn't
4150 complain. They recognized they don't leave their compassion
4151 at the borders of Africa.

4152 I thank them for that selflessness of all, not only
4153 while they are there, but in returning home. From this,

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

4154 several takeaways. That people with level 4 gear can still
4155 get Ebola. We don't know all the routes. And what we don't
4156 want to have is a false sense of security that everything is
4157 fine. I worry that the first hearing, this room was packed
4158 with cameras and people in the Press. At this point in the
4159 hearing, what you have told us should still tell us we have
4160 to keep our radar up full alert here. We have a major battle
4161 for this taking place in Africa. We have a very difficult
4162 time for getting people in and out of there, and if any of
4163 those airlines stopped their flights, could happen at any
4164 moment, we are at a loss for moving people and supplies in
4165 and out of there.

4166 So along those lines, I hold to it that we should still
4167 have people do 21-day restrictions from touching patients
4168 when they come back. I am glad that hospitals are doing that
4169 anyways. I hate to think what would happen if that did not
4170 occur. And, quite frankly, I think the hospital would have
4171 to tell other patients that--if they did have some employees
4172 who were recently with Ebola patients. But I also want to
4173 echo what Mr. Isaacs said, I am going to try and work this
4174 out, that we are to have a bridge for people going to and

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

4175 from Africa, for all your selfless workers, from so many
4176 charities, Catholic Relief and Methodist and so many other
4177 groups I have heard from, Doctors Without Borders, we need a
4178 way for them easily to go and easily come back, and we can
4179 help monitor them, so this is one less thing to worry about.
4180 With the amount of money we are talking about going through
4181 this, I, quite frankly, especially when you look at \$20
4182 million going to New York City just to monitor the people
4183 exposed to that doctor, that would pay for a heck of lot of
4184 flights, and we could have a charter system to do that.

4185 Please stay in touch with us. Committee members will
4186 have 10 days to get other comments of the committee, and they
4187 will also have questions for you, and we ask that you respond
4188 quickly if--in a timely manner with any questions for the
4189 committee.

4190 And with that, again, thank you to the panel, and this
4191 committee hearing is adjourned.

4192 [Whereupon, at 5:08 p.m., the subcommittee was
4193 adjourned.]